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## A CLINICAL LECTURE,

*Delivered at the Hospital of the University of Pennsylvania,*

By WM. GOODELL, M. D.

Professor of Clinical Gynecology.

*Gentlemen:* The first case which I bring before you, is that of a married woman, aged 30 years. She comes to us on account of sterility and dysmenorrhea. Menstruation has been painful ever since puberty and the pain is so severe as to incapacitate her for work. Her suffering has greatly increased since marriage. Why should she have pain at all and why should it be getting worse? If an unmarried woman, or a woman who is married but sterile, comes to you with the history of a painful menstruation, what should pass through your mind? The first thing that you would think of would be that the dysmenorrhea was due to ante flexion of the womb—that is, to a stenosis caused by the womb bending too sharply towards the front. As you know, the natural position of the womb is one of ante flexion, but in these cases the ante flexion is exaggerated. It must, however, be borne in mind that in a few exceptional cases, stenosis is due to retro flexion. Dysmenorrhea due to ante flexion usually increases after marriage, provided pregnancy does not take place. Nature intended that when a woman married she should become pregnant and if a married woman does not have children she nearly always suffers.

Dysmenorrhea due to stenosis has certain characteristics. After it commences, it gradually increases in intensity until it reaches its acme, when there is a sudden gush of blood from the uterus and the pain suddenly diminishes. It then begins again, and again culminates in a gush of blood, followed by relief. The trouble is due to the bent condition of the uterus. The menstrual fluid tries to overcome the bend, but it cannot do so until it has straightened the womb. The distension gradually continues until it is great enough to straighten the cervix, when there is a sudden escape of blood, with relief of the pain. We see exactly the same thing when a rubber tube is bent—the water flows readily through the tube until the bent portion is reached. It is then arrested until the force behind becomes sufficient to straighten the bent portion and thus remove the obstruction. The pain in these cases is due not only to the distension of the womb, but to the efforts of the organ to force the blood from its cavity. When the condition has continued long this leads to a thickening of the endometrium and this in turn increases the difficulty. In addition to this, in the case of a sterile married woman, we have the effect of the congestion from sexual intercourse. This increases the



hypertrophy of the uterine lining membrane and consequently reduces the calibre of the cervical canal. There is not only thickening of the uterine mucous membrane, but also hypertrophy of the muscular structure of the organ. The congestions may also affect the ovaries and lead to structural changes in them. On making a vaginal examination, I find that there is a virginal cervix. It is not thicker than my little finger and the os is very small. The sound, introduced with a little difficulty, gives a measurement of three and one-fourth inches. There is marked ante-flexion. For the treatment of this affection a cutting operation is usually recommended by the text-books. This is, however, a dangerous operation and is by no means so successful as the one that I shall employ to-day, namely, forcible dilatation. I have performed this operation in a large number of cases and have never had a fatal result, and in but one or two has there been any pelvic inflammation, and this was slight. Not only does the operation relieve the dysmenorrhea, but in a number of cases, pregnancy has followed. If the dilatation is thoroughly performed under ether, it is, as a rule, not necessary to repeat it.

I shall now commence the operation by thoroughly cleansing the vagina with a 1:2,000 solution of corrosive sublimate. I then attempt to introduce an Ellinger's dilator, but it will not pass the bend. I insert it as far as it will go, then dilate a little. I next close the blades, push them in a little further and again dilate, and thus I continue until the instrument enters the uterus. In some cases where the os is very small and will not admit the extremity of the dilator, I first enlarge it by using blunt pointed scissors, with the blades closed, with a boring motion. Having passed the obstruction, I gradually expand the blades of the dilator. The Ellinger dilator has the advantage that the blades are separated parallel to each other, but they have a tendency to feather. I now remove this instrument and introduce my dilator, which is much more powerful. It is provided, as you see, with shoulders which prevent it from slipping into the womb far enough to injure the uterine tissue as the blades are expanded. The blades are separated very slowly so as to avoid injury to the cervix. I have produced slight laceration in a few cases while dilating. Occasionally, I meet with a very small cervix, one which is really infantile. In such cases I do not expand the instrument to its fullest capacity. In the majority of instances, however, the instrument is dilated to the full extent. This gives an os through which the finger may be passed. In many cases where it is desired to examine the interior of the uterus, it is better to dilate the cervix this way than by the use of sponge tents. This operation is not so dangerous as is the use of tents, but on the other hand, the amount of dilatation obtained is not so great.

I have now dilated the cervix to the full capacity of the instrument. The ether is now removed and the dilator is allowed to remain until the woman begins to show that she feels the pain. It is then removed. Before beginning this operation, I insert a suppository containing one grain of the aqueous extract of opium. The pain is at first severe, but is soon subsides. Two suppositories are usually all that are required, one being given before the operation and the other two hours after it, if required. If the pain continues the opiate must be repeated. A poultice



is placed over the abdomen if there is much soreness. The patient is kept in bed for forty-eight hours, and for the first day I order a light diet. After this the patient returns to her ordinary food. If, however, the soreness continue, the patient is kept in bed until it disappears. I now remove the dilator and syringe the vagina thoroughly with the corrosive sublimate solution, and some of it is allowed to enter the uterus. As I have already stated this is a very successful operation, and it is one which I can confidently recommend to you.

#### Laceration of the Cervix Uteri—Operation.

The next patient is one who comes to us to be operated on for the relief of a stellate laceration of the cervix. By a stellate laceration we mean one in which there has not been one tear, but several. The history is that since the birth of her first child, six years ago, she has complained of uterine troubles. She has had in all three children and the last labor was the hardest. She has for some time been under local and general treatment and the troubles, except those due to the laceration, have been removed to a large extent. For a time she wore a ring pessary with benefit. As you have heard, the first labor occurred six years ago. The laceration in all probability occurred at that time. When the cervix is torn in this way, it turns back on itself like a piece of celery when it is split. The delicate mucous lining of the cervix is thus exposed to friction. With every motion of the body and during sexual intercourse the delicate epithelium is rubbed off, and thus the irritation is kept up. Why was benefit derived from the use of a pessary? As you know, when there is laceration of the cervix the womb does not undergo involution properly, and consequently is heavier than normal. The ring pessary, by dilating the vagina, kept the womb up and relieved the tension on the ligaments. It also, by dilating the vagina, aided in diminishing friction. Let me say a word with reference to the treatment of laceration of the cervix immediately after its occurrence. The trouble then is to recognize its presence. Immediately after labor the cervix is so soft and relaxed that it is often impossible even for a skilled finger to determine whether there be laceration. Even when it is found, I doubt the propriety of inserting sutures at this time. I do not think it is proper to do so unless there be considerable hemorrhage. If there were much bleeding, I should insert sutures to check it, but under other circumstances I should prefer to trust to nature with the use of cleanliness and antiseptics. I believe that in the majority of cases these lacerations will heal spontaneously if the parts are kept clean. Injections of a 1:2,000 solution of corrosive sublimate may be made once or twice daily. It is asking too much of nature to expect her to heal a laceration which is all the time bathed with offensive lochia.

The patient has now been thoroughly etherized and I bring her before you. Inserting the speculum, I show you what is often mistaken for an ulceration and in one sense it is an ulceration. This is a stellate ulceration. There are four different lines of laceration, thus rendering the operation somewhat difficult. It used to be the custom of physicians to try to cure this supposed laceration by the application of the solid stick of nitrate of



silver. This causes cicatricial tissue which contracting, involved and pressed upon the delicate nerve filaments of the cervix, so that the patient instead of being improved was made worse. The only thing to be done is to restore the exposed mucous membrane to its proper position. I now insert the duck-bill speculum, and catching the cervix with a tenaculum determine the position of the future os. It makes the operation much easier if the womb is movable, as it is in this case. The first thing that I do is to pass a long thread through both lips of the cervix at the position of the new canal, and catching the portion that extends across the space between the lips with a tenaculum, draw it out. I thus have complete control of the parts. I then throw two of the tears into one by the removal of a wedge shaped piece. I next proceed to denude the lips, removing all the cicatricial tissue, taking care to remove the wedge-shaped piece of cicatricial tissue which is found in the angle of the wound.

While I am doing this, let me say a few words in reference to this accident. Laceration of the cervix is exceedingly common. There are, I think, two reasons why this occurs so often. The first reason is the tendency to rupture the membranes too early, thus removing the soft wedge so useful in the dilatation of the os. After labor has progressed to a certain point, it is no doubt advisable to rupture the membranes, but the tendency with the busy practitioner is to rupture them too soon. The second reason is the too frequent employment of the forceps. They are used entirely too often by men who should not do so. I venture to say that the forceps are used in more cases for the sake of the physician than for the sake of the woman. In almost all cases of complete rupture of the perineum, I find that the trouble has been caused by use of the forceps, and in nearly all instances of laceration of the cervix I find that the forceps have been used. The man who invented the forceps deserves the gratitude of the community, but at the same time there is such a thing as an abuse of a good instrument. I do not want to intimidate you in regard to the forceps. Put them on whenever you think that their use is required. I would, however, advise you to remove the forceps when the head reaches the perineum and allow the labor to be completed by nature.

While talking I have thoroughly denuded these surfaces with the exception of a strip of membrane on each lip to serve as the cervical canal. I used to be careful to allow an os of sufficient size, but now I do not pay so much attention to this point, for I know that if it be too small it can be readily enlarged. I next pass to the sutures of silver wire. The size of the wire is as small as is compatible with strength, for a small wire does not ulcerate its way through the tissue so rapidly as does a larger wire. The ends of each of the sutures are loosely twisted together and a shot slipped over them. After all the sutures are inserted I proceed to tighten them. As the shot is slipped down, a stream of the anti-septic solution is forced strongly into the wound in order to remove any clots that may be present. The shot is then at once slipped down and clamped. This procedure is repeated with each suture. The wires are then all cut off close to the shot, with the exception of those connected with the



upper suture on each side. These are left long as they enable us to draw the uterus down and facilitate the removal of the sutures. A shot is clamped over the ends of the wires so that they shall not irritate the vagina.

The operation being completed, fine iodoform is dusted over the cervix and a tampon of iodoform gauze loosely placed in the vagina. The after treatment will consist in keeping the patient in bed for two weeks. The bowels will be kept confined for three days and we shall have the water drawn for forty-eight hours. At the end of this time the woman may empty the bladder herself by getting on the hands and knees. The tampon is removed on the third day and antiseptic solutions used twice a day. The stitches are removed on the tenth day.

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### PRONUNCIATION OF MEDICAL TERMS.

BY H. STILLSON, A. M., M. D., PH. D., Red Bluff, Cal.

When the writer was enjoying the delights of "general practice" in a rural district of Indiana, he was summoned one day, post haste, by a young fellow to see his wife, whom, he said, had just been delivered of a child, "but could not get rid of the alphabet." It was Mrs. Partington, was it not, who said she was greatly concerned about Ike: she was afraid he was suffering from an attack of the "serious-old-final-come-and-get-us!" It was Mrs. Mallaprop, doubtless, who said of her daughter that she couldn't sing any more. "No; her epipotamus was so tumified that it interfered with the boa-constrictor muscles, and prevented deglutination."

We augurs laugh at the *hoi polloi*, but, like the augurs of old, we could laugh at one another if we should listen attentively; for scarcely can two of us engage in conversation ten minutes without making innumerable and egregious blunders in the pronunciation of our medical terms. The writer heard the term "gelsemium sempervirens" pronounced five different ways at one session of a district medical convention. It was the same convention at which a young medical graduate immortalized himself by saying of his microscope that it was "unilocular."

A very exact medical author remarks: "Hence, among those [medical practitioners] deserving the confidence of the people we sometimes meet physicians whose mode of using, and particularly of pronouncing, terms in common use by writers is quite unpleasant to the classical scholar; and educated persons are led to suppose such physicians as little acquainted with medical science and medical literature as they appear to be with the derivation, the



meaning, and the pronunciation of the technicalities with which our literature perhaps unnecessarily abounds." Which reminds me of a case (an actual fact) in point: "Madam," said an old and highly respected medical practitioner to a lady patient who, while consulting him, had just removed an infant from the breast; "Madam, your squalor (squaller) indicates that you have had malarial cocci (cock-eye) in your system." The good madam looked up with one of those countenances which a thunderbolt sometimes gives a patient; but her husband, who had received a classical education, and could recognize Latin and Greek even though they were clothed in *sheepskin*, only smiled one of those pitying smiles to whose charity a thunderbolt is preferable.

You say you do not make such mistakes? Well, let us see. Here is a list of twenty of the commonest terms in medical literature. I will give any medical practitioner in the United States twenty dollars if he will pronounce them all correctly. Copy the list, indicate the accent and the pronunciation of vowels and consonants, and return the list to me accompanying it with a certificate that you have not "posted up" before pronouncing, and, if it is correct according to any standard authority, your fee will be at once forthcoming:

posterior	adipose	vaginal
humerus	eustachian	theine
pes ancerinus	conduit	iodoform
gaseous	olefiant	resorcin
two-legged	exhaust	guiacum
conjunctiva	masseter	squamous
ramus ischii	scalenus anticus	

"English as she is spoke" is very different from "English as she is wrote"; and of all "spoke English," medical English is the most confusing. Let me give you the standard pronunciation of the following five common little words ending in ine, and ask how many of us always pronounce them correctly?

benzine—bĕn'-zĕn    iodine—ī'-o-dĭn    vaseline—vās'-e-lĭn  
 morphine—môr'-phĭn    quinine—quĭn'-ĭn

Not one of us always pronounces all of them correctly, I warrant. Which makes me remark that many medical terms have changed and are changing their etymology. To be accurate in their use, therefore, we must not depend upon an old pronunciation. While usage must be our guide, we must not think ourselves at liberty to endeavor to establish usage. The tendency is to



Anglicize all foreign terms. Euphony exercises very little influence in establishing the pronunciation of a term, since what would seem euphonious to one person would seem dissonant to another.

We can not be guided by the pronunciation of any single scientist. One of the best demonstrators of anatomy in the United States is notorious for his use of the following incorrect pronunciations:

alveo'lus	anus	phrēnic
alveo'lar	modiō'lus	pīsiform
cun(e)i'form	P(e)yē's patches	grācilis
forām'en ovāle		

All incorrect. What then shall guide us? I reply: 1st. The best usage of the best scholars, as indicated in the best dictionaries. 2d. The rules of philology. The following are the names of the best dictionaries, with reference to reliability in pronunciation. They are named in order of their importance: Murray's New English Dictionary, Ogilvie, Webster, Worcester, Cleveland. But, although Murray is considered most reliable, if he should give a pronunciation differing from that agreed upon by three other dictionaries, the latter pronunciation should be adopted. Or, if each of three dictionaries gives two pronunciations for a term, that pronunciation which is preferred by two must be adopted. Until last year, Worcester's was considered superior to Webster's for accurate pronunciation. The International Congress of Philologists, which convened at New York, however, expressed its preference for Webster.

But back of dictionaries lie philological rules which often enable dictionaries to correct prevalent solecisms. And I think we may say that if we desire ever to arrive at anything like uniformity we must fix ourselves upon these rules. For, although from the very nature of affairs rules must have numerous exceptions, yet if we use them these exceptions in time will "grow less." Read Webster's note upon this point.

First, then, let us consider rules for accent: 1. Nouns of two syllables have the accent on the first syllable; hence, it is as'phalt, not asphalt'; a'zote, not azote'; caou'tchouc, not caoutchouc'; lit'harge, not litharge'; gam'boge, not gamboge'. 2. Words of more than two syllables: (a) When the penult is long, have the accent on the penult; hence, platin'ic, not plat'inic; propē'nyl, not prōp'enīl; anti'cus, not an'ticus; urān'ic, not ū'ranic; tellu'rous, not tel'lurous. (b) When the penult is short, the accent is thrown upon the antipenult [the rule for quantity of vowels can not be



given here]; hence, im'potent, not impo'tent; mer'curous, not mercu'rous; pen'tŷline, not pentŷ'line; phos'phorous, not phos-pho'rous; glŷ'collate, not glŷcol'late. 3. There will be as many syllables in Latin and Greek words as there are vowels in the words; hence, py-ri-tes, sys-to-le, syn-co-pe, di-as-to-le. 4 Remember that the Greek termination itis has long i; hence, iritis, gastritis, bronchitis. 5. In the pronunciation of Latin words the "English method" is to be preferred to the Roman or continental; hence, pīa māter, not pīa mäter, etc. 6. c is pronounced like k before a, o, u, and like s before e, i, y, æ and œ; in Greek words, kappa is always like k; hence, pachydermatous—pak-i-derm-a-tus, cocci—kōk-sī, etc. 7. g, in Latin words, is pronounced hard before a, o, u, and soft (like j) before e, i, y, æ and œ, gamma in Greek is always like g in give; hence, fragile—fraj-il, tergiversa-tion—ter,jiv-er-sa-tion, malpighi—māl-pī-ji. 8. Proper names and words derived from them conform to the peculiar personal pronunciation of those names; hence, Dahlia, Fuchsia—fook-sia, Quassia—quōshia, etc.

These eight suggestions, if carefully heeded, avoid many embarrassing slips of the tongue.

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### CREMATION.

By J. R. LAINE, M. D., Sacramento, Cal.

*Read before the Sacramento Society for Medical Improvement.*

[Concluded from page 462.]

So imperious and overwhelming is the need of room for the living, that but little respect for the needs of the dead is possible. The scientific methods of preserving and protracting human life increase these necessities. The pressure increases every year. The population increases and the area occupied by dead bodies is multiplied. A continuance of present conditions must in the near future cause some of the sentiments and usages long held sacred, to disappear as altogether insignificant. In Europe, temporary cemeteries have long been a necessity. Many years ago, Jacob Grimm declared that in the church-yards of Germany, it was almost impossible to find a grave which had not been at some time disturbed for the admission of additional occupants. In these temporary cemeteries, a few years limit the right of the actual tenant, whose remains are then taken up and consigned to the smallest space required to hold them. Switzerland allows



such removal after seven years, Germany, fifteen years, and France concedes only five years, during which the inhabitants of one of these graves, may remain undisturbed in his so-called place of everlasting rest. In our country, the pressure of the living upon the dead has not, except in cities, been experienced, but it is nevertheless imminent in all its ghastly intensity. Already in almost every considerable city in the land, burial in a well kept and commodious cemetery is a privilege of the comparatively rich; and could the subterranean tenant read the grudging expression in the speculative eye he would tremble for the validity of his title. The continued reservation of land for cemeteries is simply a question of time. The land whose value is a matter of continual increase is already admitted to be too valuable for such use. It is easy to forecast the time when there will be no sentimental influence sufficient to resist the financial or economical reasons in favor of secularizing cemeteries now most venerated and admired.

These are not the only reasons which render one's right to his grave the most uncertain and insecure. There must be added accidents by flood, which sweep away the sheltering earth and expose the recently interred bodies to view, to be devoured by beasts or trodden under foot. Add to these unavoidable accidents due to the uncertainty of elements, the audacity and enterprise of that infamous fraternity that rob graves for a ransom, and the Jerry Crunchers, who carry on a nefarious traffic for a pittance, and we may judge how little sanctity attaches to the grave, and how slight is the tenure by which even the most sumptuously interred hold possession of their underground dwellings. Very many persons, who descant on the practice of inhumation as a venerable institution of ancestral authority which it would be impious to lay aside, are mere slaves to custom and routine. They are being rapidly brought to face conditions which imperatively require them to examine the subject with reference to a change. The converting of cemeteries into sites for warehouses, manufactories, and railway stations, and the scandalous and insufficient burial of the dead, which so often accompany the operation of interment, constitute an argument in favor of cremation.

The sanitary arguments in favor of cremation have never been answered. Some American physicians, while conceding nearly all that the supporters of cremation allege in Europe against interment, deny in part the validity of the objections on this side of the



ocean. The reasons given possess no other force than plausability. Deficiency of room for the accommodation of the dead with its repulsive consequences in close proximity to dense populations is a condition of many large cities in the United States. Then considering how rapidly our cities increase in population, there are developed all the incidents that make the question an important one to the sanitarian. New Orleans is one of the cities to which every argument valid in Europe in favor of cremation is already applicable, and there is no city or town in which the introduction of the method would not prove a safeguard against probable peril to life and health. When Sir. Henry Thompson, in 1874, published, as his conviction, that "no dead body is ever placed in the soil without polluting the earth, the air, and the water above and about it," the saying at once called forth a corroborative response from eminent physicians and men of science in nearly every part of Europe and in some parts of the United States.

The polluting nature of the dead body decaying in the ground is just as well established and as generally accepted by scientific men as are the poisonous qualities of the most deadly drugs. Instances in illustration of the fact are sufficiently numerous to convince the most skeptical. Instances of the sudden death of grave diggers caused by descent into vaults are literally multitudinous, it being, in fact recognized as one of the perils of the occupation. Sir Henry Thompson mentions cases that have recently occurred in different localities in England. In 1852, three grave-diggers in Paris suddenly died from accidentally breathing the concentrated exhalations, which escape from coffins. It is generally conceded that fetid air exhaled from the dead is fatal if breathed in a concentrated state. Even if dissipated by the wind or mixed with the atmosphere, it is well known to lower the vital powers of persons exposed to it. Low fevers are known to result from the same cause. Some of the most illustrative facts bearing upon the subject are furnished by the old English churches with their old burial vaults. Dr. Copeland relates that a gentlemen of his acquaintance was poisoned by a rush of foul air from the grated openings at the side of the church steps. He was seized with a malignant fever which he communicated to his wife. There are well authenticated cases of the pew-openers being infected while shaking the mattings of church floors, these mats being saturated with the poison of the vaults. The dwellers in the neighborhood of the pestilential old grave-yards of London remained persistently incredulous about



the cause of prevalent epidemics, because they could smell nothing offensive in the foul air which they daily breathed. Medical men accustomed to the dissecting room could instantly detect the peculiar odor, and could even distinguish it from the stench of the sewers. A very significant fact is the extreme vitality of the morbid germs which lodge in and about graves. In 1828, the plague broke out at Modena, in Italy, as a consequence of an excavation in the ground, where three hundred years previously the victims of the plague had been interred. At Eyam, in Derbyshire, an excavation made a few years ago in the ground, wherein victims of the plague had been buried in 1665, caused an outbreak, not of the plague exactly, but of a malignant epidemic new to that locality. In 1843, the population of Minchinhampton, England, were nearly decimated by a disease manifestly caused by using as a fertilizer for their gardens the rich soil of an abandoned graveyard. In 1823, an outbreak of the plague was confidently traced to the reopening of a disused graveyard at Kelioub, fourteen miles from Cairo. Dr. Lyon Playfair gives it as his opinion that the fevers so prevalent in Rome, during a part of the year, are due to exhalations from the soil impregnated with animal matter.

In France, Switzerland and England, the trades of the gravedigger and the undertaker are ranked among the unhealthy occupations. Dr. Pietra Santa, of France, says of grave-diggers, that only the strongest men choose the work, and that the duration of their lives is only two-thirds that of their compatriots. In the middle ages, when burial in churches was common, the gravedigger's chances of life were not better than the chances of the soldier of a forlorn hope. "They fell victims by hundreds to their horrible duties," says Wegman Ercolain. Professor Petntekof, of Munich, has shown that there is a ground air which differs from the atmosphere. The ground air is made up of the same gases, viz.: oxygen, nitrogen and carbonic acid, but the proportion of these gases in the air beneath our feet is subject to great variation, while in the atmosphere, it is nearly constant. He showed that the ground air contained a greater proportion of carbonic acid than the atmosphere, and that the ground is pervaded by water and gases to the depth of twelve or fourteen feet, the ground water occupying the pores and crevices of the earth when the air is driven out. In his report to the Bavarian Government on the cholera epidemic of 1854, he explains what sanitarians will all admit that the ground, to a certain distance, is the scene of



a continual circulation, the air and water changing places with the rise and fall of water. In this movement, when the soil is filled with water, the morbid germs contained in the soil are forced upward to mingle in the atmosphere we breathe or run off into streams or wells from which we drink. On the other hand when the water falls, it carries into the soil any germs and impurities, with which it may have become polluted on the surface, and when there is a general condition of low water, may reach the wells from which water for drinking is used and in this manner proves a source of infection. Those, who in Germany, have watched the course of certain epidemics of typhus fever, for example, concede the connection between the sinking of the ground water with the consequent accession of morbid germs to the atmosphere, and the outbreaks of zymotic epidemics.

It would not be difficult to prove incontestably the infectious and poisonous agency of decaying animal bodies. In the Italian villages of Ritondella and Bollita, a frightful epidemic raged a few years ago, which was distinctly and unequivocally traced to the cemeteries, which occupied the top of a hill from whose base issued the springs used by the villagers for domestic purposes. The deadly qualities of the decaying remains were carried by the rain water through the earth until the springs were poisoned. It is not difficult to come to the conclusion that every dead body consigned to the earth, no matter how far down, must necessarily prove to some extent a source of corruption and infection. Prof. Reinhard is authority for the statement that water from a well one hundred feet from where large steers, victims of the cattle plague, had been buried one year before at a depth of twelve feet had a fetid odor and indicated the presence of butyrate of lime. In Manchester in a few hours after graves have been opened, it has been found necessary to artificially ventilate them before men could descend, on account of being literally full of carbonic acid gas, which had flowed in from the surrounding soil. In the strata of air lying, in a profound calm, above a cemetery, Prof. Salim, of Maulua, discovered an organic corpuscle, the (septo-pneuma), which considerably vitiates the atmosphere, altering it to the detriment of the human economy. "This substance," says Dr. Pietra Santa, "which it is easy to collect and isolate, if placed in a solution of glyucose produces the phenomenon of putrid fermentation, and gives birth to a considerable quantity of bacteria similar to those which are manifested in butyric fermentation. Some drops of this solution injected under the skin of a pigeon cause symptoms



of typhoid infection and death supervenes on the third day. Dr. Wolfred Nelson, in his correspondence to the California State Board of Health, takes occasion to say that Panama receives her water from a few old-time wells, in a small ravine, within two hundred feet of a new cemetery and fully forty feet below its level. From July, 1884 to April, 1886, eight hundred and eighty-four bodies had been buried in the earth, and several hundreds had been placed in stone niches at Baredas. Near by are the Jewish, Chinese and foreign cemeteries. The cemeteries and wells are under one management. The owner has a government contract for burying the dead. The wells drain the cemeteries, and the owner sells the water. The one furnishes victims for the other, and yet people do not hesitate to drink the cemetery drainage and wonder why Panama is unhealthy.

Water impregnated with nitrates and nitrites furnished by adjacent graves is often peculiarly tempting to the appetite from its brilliant sparkling appearance and mineral quality. The *Lancet* says: "The surest carrier and most deadly fruitful nidus of zymotic contagion is the brilliant, enticing looking water charged with the nitrates which result from decomposition of animal matter." In this connection, it would be interesting to estimate the influence upon mortuary reports by the contamination of water generally by the burial of dead bodies. If all of the burials on the tributaries of a large stream were to be taken into account it might occasion some alarm among those who depend upon the stream for their water supply. If it be once admitted that the practice does, in an appreciable degree, deteriorate the water in a stream, it follows that an increase of population and a greater number of burials will increase the defilement of the water. When a dense population is settled in the valley and on the tributaries of the Sacramento, will not the multiplied burials have an appreciable influence upon the health of cities that depend upon the river for a supply? This danger, in addition to the increased quantity of sewerage that will find its ultimate way into the stream, should be sufficient to excite the apprehension of thoughtful persons.

There is an old Roman saying that the health of the people is the supreme law, and therefore, any custom that can be shown to be injurious to health in a general way is a subject for discussion and reform, and no class of men are in such a position to command attention upon this subject as the medical profession. It is a notorious fact that the daily press of New York city gives timely warning to the visitors of one of its beautiful parks not to linger in



it after nightfall upon pain of being stricken with illness. The site was once a populous burial place.

The only adequate substitute for interment is cremation. The subject has not been discussed so much in America as in Europe, but enough thought has been provoked to lead to the conclusion that inhumation is a practice opposed to humane sentiment, public health and high civilization. The cemeteries of San Francisco will doubtless not remain where they now are another quarter of a century, and their sites will certainly be occupied by a dense population. No doubt future sanitarians will point to the past occupants of the locality as the cause of many fatal cases of disease. As it is the prevailing winds sweep over the cemeteries directly to the most populous portion of the city. It is not difficult to conjecture why a city so favorably situated for salubrity should so frequently suffer from epidemics that are purely and essentially filth diseases. The same may be truthfully said of almost every large city in any land. Disraeli declared that, "what is called God's acre is not really adapted to the country which we inhabit, the times in which we live and the spirit of the age."

It is not necessary to enter into the details easily accessible to those who desire to investigate the subject of apparatus for cremation. It is sufficient to say that one of three or four slightly different arrangements can be set up at no very great expense in connection with an edifice for the accommodation of the relatives and attendants. Funeral ceremonies deemed appropriate can be performed with the advantage of avoiding all exposure to rain, cold, damp ground and similar causes of sickness and death. As to the preservation of the remains, there will be ample opportunity for the exercise of judgment and for the indulgence or gratification of sentiment. In twenty minutes or a little more the body is resolved into its primary constituents, and the relics precious to affectionate kindred are harmless wherever deposited. A process too horrible and disgusting for contemplation as carried on in the grave is in a few minutes effected by the pure and beautiful agency of fire. The water, nearly seventy-five per cent. of the whole, with carbonic acid and ammonia have gone into the atmosphere as vapor, while the mineral constituents, more or less oxidized, with the lime, phosphorus and magnesia, etc., remain as ashes. It is difficult to conceive that rational affection, following the departed with cherished memories of their looks and ways in life, would rather think of them as rotting in the ground, hideous skeletons, or yet worse, masses of corruption and worms, than as having at once become a portion of



the all-pervasive life of nature, and a little heap of ashes that may be kept in a flower vase or graceful urn. Then there is avoided all danger of premature burial, a dread from which even great minds have not been altogether free. The body snatchers' occupation would be gone, and those who work for the ransom of stolen remains would be compelled to abandon this ghastly calling. One of the greatest practical inducements for the introduction of cremation is the reduction it would effect in the expense of funerals. The wealthy and ostentatious might make the process and attendant ceremonies as expensive as they chose, as the Grandees of Rome expended fortunes in erecting mausoleums that were to contain the family urns. There might be no limit to mere decoration of urn and tomb, but the necessity for unreasonable expense would be eliminated from the funerals of the needy.

The expense of a funeral among people of very ordinary means, apart from the cost of the burial lot, is not far from one hundred and fifty dollars. The average cost of burial lots in Woodlawn and Greenwood, New York, each containing space for six graves, is about four hundred and fifty dollars, or seventy-five dollars for a grave. The cost of single graves is about twenty-five dollars in public lots. The cost of a modest headstone and footstone and their erection will add seventy-five dollars more, making a total cost of two hundred and fifty or three hundred dollars. This sum must be paid in advance by the poor, to pay which only they who have experienced the trial know what sacrifices are made. These expenses in no inconsiderable degree influence the income of the medical profession, who are compelled to give way to the inexorable necessity of burial. On the other hand, apart from carriage hire, which may be presumed to be the same in each case, the cost of cremation decorously performed including the case in which the body is carried to the crematory, should not exceed forty dollars, while the cost of a terra-cotta urn of classic pattern, the most tasteful and appropriate possible should not exceed five dollars. Add ten dollars for a niche in the columbarium in which the urn may find a permanent resting place in case the friends should not prefer to take it to their homes, and still another five dollars for an inscribed tablet under the niche, and we have sixty dollars as against four or five times that amount for inhumation. Of course the expense would vary in different localities, but there is no place where the difference would not be in favor of cremation. When to the cost of inhumation is added the great and ever increasing value of land set apart for cemeteries near large cities we recog-



nize an economical argument of prodigious force in favor of cremation.

Some of the objections to the new method, and especially such as involve purely theological questions, need not be considered here. The opposition of some is the opposition to anything that seems new. It is not for the medical profession to settle the question of the resurrection of the body when the body has been burnt or when it has slowly crumbled in the ground. The question is not on the approval of the ancient Hebrews, the early Christians or of a guild of modern undertakers, but it is a question of the putting away of the mortal frame of the loved ones in the least painful and most effectual manner so that their dangerous qualities will do no mischief to the living. Social duty and common courtesy demand that the most effectual methods demonstrated by scientific skill shall be utilized regardless and irrespective of mere prejudice. There is but one objection that has been urged against the practice that is worthy of notice: It has been stated that cremation would be a means of concealing traces of poisons administered to kill and thus thwart or prevent the discovery of crime. The contrary might be anticipated. With the introduction of the new method there would doubtless be an increase of vigilance and the observation of any suspicious circumstances would be sufficient to warrant delay and investigation. The danger would really be quite insignificant. Embalming offers as ready means of concealing traces of poison and yet who knows of any one resorting to the method. Let the poisoner have his victim embalmed and he can never be convicted on any evidence furnished by the remains. The medico-legal objection can thus be used as an argument in its favor.

It is scarcely logical to insist that we shall endure the prevailing custom on account of its being time-honored or because of the roominess of our country. Neither does it reconcile the candid observer to present conditions, because there is daily witnessed an indifference to the pollution of streams with offal and the bodies of animals. We are asked why we do not denounce these abuses that lie on the surface, that are an outrage on decency and let alone those things that are under cover of the earth. That the pollution of streams is a misdemeanor punishable by law no one will deny, and to urge that we should maintain other abuses not prohibited by law because the law is not enforced, in the first case, is an argument that must break down by its inherent weakness. It must be admitted that animal remains exposed to the air and speedily con-



sumed by the natural scavengers of land and water, are unquestionably less deleterious than if buried in the earth.

If these sketches of a subject, that must in the near future force itself upon the notice of the profession, will tend to bring from them at all times expressions based upon conviction, and not biased by past prejudices or present influences, the purpose of the paper will have been served. Its narrowness of scope and paucity of illustration is clearly apprehended, but the prescribed limits would not permit of its amplification.

913 K street.

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## MEMORANDA.

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### Rupture of the Quadriceps Extensor Femoris.

The subcutaneous rupture of muscles or tendons is a comparatively common occurrence, the rupture usually taking place at the junction of the muscular with the tendinous tissue. Erichsen says that it occurs more frequently from the muscular contraction, which must necessarily precede it, than from direct violence. Gross, Ashurst, and indeed all of the authorities I have found it convenient to consult upon the subject, convey the idea that much force is always necessary to cause this kind of an injury, especially when a muscle or tendon of considerable size becomes ruptured. The few cases that have heretofore come under my observation confirm this view, or indicate that sudden and unexpected tension is necessary, even when not accompanied by very great strain. When therefore the complete rupture of so powerful a muscle as the quadriceps femoris takes place during the ordinary efforts of walking, and without stepping upon a pebble or other similar substance, or in any manner encountering an obstruction which would in the slightest degree impede locomotion, it is deemed worthy of permanent record. The history of such a case is briefly as follows: G. W. D—— aged 75 years, 5 feet 8 inches in height, and weighing 188 pounds, a well preserved and robust man, apparently ten years younger than he really is, and of good habits, while returning from a couple of hours recreation at fishing with a rod in the Sacramento River on the 20th of last month, and while carrying a small string of fish in his left hand as he was slowly wending his way homeward, distinctly heard a snap, as if his thigh bone had been broken. Falling backwards instantly, he endeavored to prevent himself from sustaining injury by quickly throwing his arms behind him for support, but so sudden and unexpected was the seizure that he fell to the earth before he could realize what had occurred. He says, "I first heard a crack and away I went, heels over head, turning a complete somersault, I then flopped around on my face and tried to get up, but could not; I tried again and failed. By this time I realized that my leg was paralyzed, and I called for the assistance of the Yard-Master of the S. P.



Co., who soon placed me in a hack and sent me home." Upon reaching his home I was immediately summoned, and readily diagnosticated a rupture of the quadriceps femoris at its insertion into the patella, the separation being complete and the detached end being distinctly felt fully two inches above the upper border of that bone. Treatment for the first two weeks consisted in the relaxation of the ruptured muscle, by position, and the application of an evaporating lotion to subdue what inflammation might ensue. There having been but little pain at any time, no anodynes were required. He is now, just a month after the accident, able to move about in his room upon crutches, the limb being properly bandaged, and the joint rendered immovable by suitable appliances.

W. R. CLUNESS, M. D.

Sacramento, Cal.

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## DEPARTMENTS.

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### OBSTETRICS, GYNECOLOGY AND PEDIATRICS.

By WALLACE A. BRIGGS, M. D., Sacramento, Cal.

**Management of the New-born Child.**—Nothing made of wool should be worn next the skin: however soft and fine, it will often tickle and irritate, making the child fretful and cross. A cotton-flannel slip, with a diaper of the same material (soft side next the skin), are sufficient for the first dressing. No bands, no skirts, nothing to punish the little fellow. In addition, it may be wrapped as warmly as necessary. The cord should first be tied as usual with two ligatures, and divided between them. After the child is cleansed (using melted lard or vaseline instead of soap and water), the end of the cord is snipped off along with the ligature and the gelatine thoroughly squeezed out; after which it will rarely bleed to any amount, but for fear it should, it is tied again as close to the abdomen as possible without including the integument. It is then left entirely alone and in twenty-four hours will be nothing but a crust. The "belly-band," however made, is a relic of barbarism—uncomfortable and mischievous, often causing and never preventing hernia. It is a well-known anatomical fact that the inguinal region is the weakest of the abdomen. Instead of protecting this the band, on the contrary, forces the intestines down into it. Even if the umbilical opening has not properly closed, the pressure of the band about the circumference of the body will only crowd a knuckle of intestine into the aperture and effectually keep it open instead of allowing it to close, which it will generally do if left to itself.—DR. ADY, in *Med. and Surg. Journal*, July 28, 1888.

**The Diseases Grouped as Puerperal Fever.**—The expression "puerperal fever" should be discarded. As GUÉRIN remarked at a late meeting of the Academy of Medicine, among those physicians who know how to diagnosticate these maladies correctly, it no longer expresses all the troubles following confinement; and, indeed, it has very little sense in modern obstetrical science—no more than pulmonary fever as express-



ing the various inflammations of the thoracic organs. If we are to continue to designate septicemia, metroperitonitis, lymphangeitis, uterine phlebitis, perimetric phlegmon, general peritonitis, as well as purulent and putrid infection, as puerperal fever, we shall not have advanced much in the direction of precision. Guérin, after Cornil, defines three states: (1) A peritoneal form, giving rise to a general infectious peritonitis with pus; (2) a pyemic form, arising from phlebitis or other causes; (3) a form called puerperal septicemia, caused mostly by decomposition of the placenta, retained either in part or as a whole. The last form is often curable by antiseptic injections, while the two first forms are generally incurable. In the purulent infection the temperature mounts abruptly and the pulse is rapid, while in the putrid infection the fever is slow, something like hectic fever. Distaste for food is also noticed, with abnormal heat, and a rapid, compressible pulse, and there is no shivering or sweating stage. At a previous sitting of the Academy WIDAL had presented his ideas of the specific form of microbe that causes infection in puerperal affections, and reached the conclusion that in them all it is the same—the streptococcus pyogenes. This microbe may cause infection in lying-in women, just as it does in surgical cases, and, whether it produces suppuration (the pyemic form), or infiltration of the tissues (the septicemic form), or false membranes, or, again, clots in the veins, the form of the microbe is the same, and, strange to say, seems to be indentical with that of the microbe of erysipelas. In rabbits it is possible to produce any form of infection with the same microbe, as has been proved by both Widal and Arloing, working independently at the same subject. It need hardly be added that strict antisepsis is the only practical indication to be drawn from these facts.—*New York Medical Journal*, July 7, 1888.

**Electricity in Extrauterine Pregnancy.**—After relating a case in which electricity was successfully employed, DR. BUCKMASTER lays down the following propositions: (1) The faradic current is uncertain and not free from danger. The sittings must be repeated and prolonged. (2) The interrupted galvanic current is more effective than the faradic, and by far the most dangerous of the three. It should never be used, because the current about to be mentioned is perfectly safe and will accomplish all that is claimed for this. (3) The uninterrupted galvanic current will cause the death of the fetus at once; it will relieve the intense pelvic pain by the sedative influence of the positive pole placed in the vagina; *it is free from danger*. The following rules for the application of electricity, says Dr. Buckmaster, may be observed with advantage: (1) Use positive pole for the vaginal electrode. (2) The electrodes being in place and the connections secure, turn the current on slowly and gradually, by means of the rheostat until the patient complains of pain. (3) Press upward on the vaginal and downward on the abdominal as strongly as the patient can bear. (4) If the immediate destruction of the fetus is imperative, and the patient cannot bear more than twenty milliamperes, use an anesthetic and pass a 100 milliamperè current. (5) Decrease the current gradually at the end of fifteen minutes.—*Medical News*, July 21, 1888.



## SURGERY.

By T. W. HUNTINGTON, B. A., M. D., Surgeon Southern Pacific Company's Hospital, Sacramento, Cal.

**The Curability of Urethral Stricture by Electricity.**—DR. E. L. KEYES summarizes a very elaborate and fair-minded article upon the above subject as follows; In conclusion, I may state that electrolysis with a very mild current—I prefer to put it at less than two milliamperes and a half—does no harm, in fact, does nothing I can appreciate, and does not interfere with the benefit to be derived from ordinary dilatation. I believe that a strong current is full of danger, both immediately from irritating effect, and ultimately from cicatricial effect; and that employment of the negative pole does not prevent this. My study of the subject and the experience it has brought me, digested with all impartiality I possess, lead me to state that the allegation that electricity, however employed, is able to remove organic urethral stricture radically, lacks the requirement of demonstration. The confidence of its advocates that it will radically cure organic fibrous stricture is, in my opinion, due either to the combined credulity of the patient and imagination of the surgeon, or to some special but fortuitous act of Providence, upon the coöperation of which, in the case of his own patients, the general practitioner cannot with any confidence rely.—*New York Medical Journal*.

**Shock.**—What can we do to prevent or diminish shock? (1) Wait for reaction. (2) Never neglect to calm those suffering mental shock by a cheerful word and personal presence. (3) Give alcohol, either spirits or wine, a quarter of an hour before the anesthetic. (4) Make the anesthesia short; never begin it until everything is ready; suspend it during the less painful dressings. Consciousness returns *tardily*. We keep up the anesthetic longer than is necessary. (5) As rapid an operation as can prudently be done. (6) As short a dressing as practicable. (7) As a cardinal point, avoid chilling the patient. To promote reaction after the operation: (1) Persistent and *carefully* applied *dry* heat. (Be over careful about accidental burns.) (2) Liquid nourishment, combined with a stimulant and a little laudanum by enema. (3) Subcutaneous injection of brandy. (4) Aromatic spirits of ammonia by the mouth. Champagne is sometimes retained when other things are rejected. (5) Black coffee and brandy, the stimulant *par excellence* when it can be retained in the stomach. (6) Quiet; a horizontal, or more than horizontal position; sleep; assurance that all is over and doing well. Modern surgery has won *three* great triumphs: It has substituted sleep for pain. It averts secondary hemorrhage by the animal ligature. It prevents fermentation by germicidal applications. Can we add a *fourth*, by stilling the nervous system, and averting, or diminishing, secondary shock?—D. W. CHEEVER, in *Boston Med. and Surg. Journal*.



## OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

By WM. ELLERY BRIGGS, M.D., Sacramento, Cal.

**Three Cases of Retinitis Pigmentosa Improved by Treatment.** DR. CARL METTINGER (*Klin. Monatsblätter f. Augenheilkunde*, September, 1888) describes the results of treatment in three cases of retinitis pigmentosa by diaphoresis. The first case was a man æt. 38, who was under treatment by diaphoresis for five weeks. At the first visit vision was  $\frac{2}{7}$  normal on both sides. The media were clear with the exception of minute double posterior polar cataracts. Pigmentation of choroid irregular. The visual field was of nearly normal extent. When discharged, vision had increased to  $\frac{1}{2}$  normal in each eye and the hemeralopia which had previously prevented his going about at night was much improved. The second case was in a young man æt. 18, who was treated for one week. When admitted the lens of the left eye was clear, the anterior part of the vitreous was rendered hazy by a veil like opacity, the papilla was pale and the vessels, especially the arteries, were narrowed. The pigment spots were most marked in the nasal and temporal portion of the retina, and were about the diameter of the papilla from the nerve entrance. These pigment spots were in places mixed with white, degenerated patches. The vision was equal to  $\frac{2}{7}$  normal. In the right eye there was incipient cataract with other pathological changes similar to the left side. Vision  $\frac{15}{200}$ . The treatment was diaphoresis with tea. Vision improved in the left eye to  $\frac{2}{5}$  and in the right to  $\frac{1}{10}$  normal. Visual field remained unchanged. The third patient, a young man of 19, was under treatment for four weeks. His vision had been imperfect since he had convulsions at the age of two years. His sight had diminished rapidly during the past three months. Family history. Syphilitic taint not discoverable. In both eyes there was beginning posterior polar cataract. The retinal vessels, especially the arteries, were poorly filled with blood and pale, there were detached and confluent pigment spots above the papilla. There was also a pigmented zone more peripherally. Vision in left eye  $\frac{3}{200}$  and in right  $\frac{3}{200}$ . The treatment consisted of iodine ointment rubbed into the temples and hypodermic injections of pilocarpine as the tea did not produce diaphoresis. This was followed by free salivation and perspiration. When discharged, vision had improved to  $\frac{2}{5}$  in left and to  $\frac{1}{10}$  in right eye. Most authorities state that medication is powerless in this disease. The author's experience in these cases leads him to believe that treatment, especially in the young, is not so hopeless as it is generally regarded. In view of the fact that the vision of one eye was improved from  $\frac{3}{200}$  to  $\frac{2}{5}$  and of the other from  $\frac{3}{200}$  to  $\frac{1}{10}$  he thinks we should take a more hopeful view and give diaphoresis a trial in these unfortunate cases.

**Epilepsy Cured by Removal of an Aural Polypus.**—M. SAUREZ DE MENDOZA reports the case of a man, 28 years old, the subject of epileptic attacks which had persisted for nine years in spite of a great variety of treatments. Ten years previously a so-called meningeal fever was followed by a discharge from the ear, which had continued to date. Examination revealed the presence of an enormous venous, red polypus in the left meatus which projected as far as the tragus. During the exami-



nation touching the tumor produced a violent epileptic attack. The patient recollected that whenever he touched the affected ear he had been similarly affected. The day following, an examination caused a repetition of the crisis. The operation for the removal of the polypus required delicate manipulation as the slightest pressure produced vertigo, the precursor of an epileptic seizure. The author removed the growth with a snare assisted by a small dressing forceps to elevate the tumor. To remove the entire growth and cauterize its seat required several sittings. In twenty days the discharge had ceased and there was no recurrence of the epileptic symptoms.—*Revue Mens. de Laryngol. Otol. et Rinologie*.—*Lyon Médical*, Sept. 2, 1888.

**The Physiological Action of Ethyl Chloride Upon the Cornea.**—M. DUBOIS states that chloride of ethyl introduced by any method into the organism of the dog produces in a few hours singular corneal opacities. These opacities are due to an appearance resembling a network of vessels within the corneal tissue. These networks are caused by sympathetic infiltration of the vitreous tissues and edema of the conjunctiva. The lesion is not similar to that resulting from section of the fifth nerve, there being no ulceration and no anesthesia. The changes are produced by the medium of the aqueous, which is charged with the ethyl chloride. This explains the irregular astigmatism which is observed after administration of this anesthetic.—*Progrès Médical*, Sept. 15, 1888.

**Ocular Troubles Resulting from Dental Disease.**—In a lecture on ocular disease in changes of the fifth pair, and particularly in affections of the dental branch, DR. X. GALEZOWSKI makes the following statements: A frequent cause of ocular inflammations and anomalies of accommodation is dental disease of the superior maxilla. As the teeth receive their nervous supply from a branch of the fifth pair, any irritation produced by a tooth may be transmitted through its nerves to the central origin, whence it is propagated with more or less intensity to all of the branches. The eye, in which several of these terminate, receives the *contre-coup*. These facts are explained with care by classical authors. The influence of the teeth upon the eyes may become manifest at any age. It is not rare to find it in children one or two years old. At the time of the first dentition the eyes may become watery and small ulcers appear on the cornea. In a child of eighteen months or two years of age with corneal disease, one should examine the teeth. In obstinate cases of keratitis the teeth will often be found tender, the gums red, tumified and tender on the side of the affected eye. If the exit of the tooth be facilitated by an incision through the gums all this will subside in a few days, and the cornea will rapidly heal. This relationship is also frequently noticed between the ages of five and seven years—the period of the second dentition—which may continue during several years. Children are often affected by obscure phenomena during this interval, such as palpebral spasms, which prevent fixation without great fatigue, and lacrymation. These convulsive movements may extend to the facial muscles and produce violent contortions resembling epileptiform or choreic attacks, and later affecting the arms, legs and even the



whole body. It is almost impossible to control the symptoms unless the true cause be recognized. Extraction of the offending teeth hastens the appearance of the new ones and the unfavorable conditions subside. One may often think himself in error when a patient, after a too short vacation, has a return of the symptoms upon entering his classes. Such a child may have spasms which only simulate the genuine. It is easy to distinguish this condition. First examine for diseased teeth. If no cause is found attract the child's attention, and if the spasms cease while the subject is intently looking they are simulated, but if they are more intense during this period they are genuine. The third dentition may also cause visual disorders. The appearance of the wisdom teeth, if excessively painful and causing much swelling and inflammation, may necessitate their extraction to save the cornea of that side from destruction. Dental caries at any age frequently causes ocular disease. In adults a great variety of forms are observed, the most common of which is reflex accommodative asthenopia. This is manifested by the patient's inability to fix his vision on small objects for any length of time without violent pain in the temples, the eyes becoming congested and weeping, and the sight blurred. After resting the eyes they feel relieved, but the same phenomena appear when they are again strained for a few moments. v. Graefe and Donders attributed accommodative asthenopia to refractive errors. However, all cases of accommodative asthenopia are not due to refractive errors, and do not require glasses, but are frequently caused by the influence of dental caries. The author relates several cases in which treatment of diseased teeth produced almost immediate cessation of severe ocular symptoms of various types.—*Progrès Médical*, July, 21 1888.

#### DERMATOLOGY AND VENEREAL DISEASES.

By G. L. SIMMONS, JR., M.D., Sacramento, Cal.

**Cocaine and Lanolin in Burns.**—DR. ERNST WENDE strongly recommends a mixture of four parts of hydrochlorate of cocaine and 100 parts of lanolin as an application for burns. In addition to occluding the air, it allays the pain. The cocaine must be pure, and the ointment should be freshly prepared.—*Nouveaux Remèdes*.

**Washing Out the Bladder Without a Catheter.**—PÉAN describes (*Gazette des Hôpitaux*) his method of washing out the bladder without a catheter. The disadvantages of introducing an instrument through a sensitive urethra into a sensitive bladder have long been recognized by surgeons, and it was to avoid this that Péan devised this method. The apparatus consists of a reservoir, one and one-half to two yards of rubber tubing and a special metallic canula. The reservoir, if of glass, can easily be graduated by running a strip of plaster down the outside and marking a scale upon it. That portion of the canula which is introduced into the urethra is 5 cm. in length, it is conical and terminates in an olive tip. At the other end is a flange, which, when pressed against the meatus closes the urethra. Close to the flange is a stop cock. The dia-



meter of the internal orifice of the No. 1 canula is  $1\frac{1}{3}$  mm. giving a pressure of about 16 gm. There are five other canulæ in the set, of larger size and giving higher pressures. In order to make the injection, the apparatus is prepared by filling the reservoir with fluid and expelling all the air from the tube. Place the reservoir about four feet above the patient, who should lie upon a couch or upon a surgical chair, and introduce the canula into the urethra. On opening the stop cock the fluid fills the urethra, presses forward and distends the membranous portion and enters the bladder. When the patient desires to make water the stop cock is closed, the canula withdrawn, and then reintroduced after micturition. This can be repeated as often as required. It is very important that the injection should be stopped when the desire to urinate comes on. It is not necessary to insist on the recumbent position, but it facilitates the operation by relaxing the abdominal muscles. By this procedure, all possibility of injuring the bladder, or urethra is avoided. Amongst antiseptics, he prefers boracic acid in a four per cent. solution at a temperature of  $38^{\circ}$  to  $40^{\circ}$  C.

**Nodose Hairs.**—At a meeting of the Medico-Chirurgical Society of Edinburgh, DR. JAMIESON exhibited a boy four years old exemplifying a condition described by Dr. Walter G. Smith as "nodose hairs." His scalp was fairly well covered with dark hair, which, however, in no part exceeded half an inch in length and in most parts was still shorter. To the hand, it felt harsh and wiry. On examining the hairs under the microscope, most of them showed more or less distinctly a regular alternation of swellings and contractions. The nodes were pigmented; the contracted portions were devoid of color. Scarcely any trace of imbrication was visible on the nodes, but could be plainly made out on the contractions. It was found that two days were required for each node to grow. It was also seen that the contraction and node formation did not occur within the follicle, but first appeared on the hair shaft a short distance beyond its point of exit from the follicle. Possibly, therefore, the condition is due to a rythmical imperfection in the cuticle of the hair. Where this is well pronounced the hair is narrowed, its fibrous structure being, as it were, forced out to form the node. At all events the change in form is a secondary one, and takes place when the hair becomes subjected to the desiccating influence of the air. Two other children are similarly affected one a boy, aged six and one-half, the other a girl, aged two. In neither does it assume such well marked proportions, as it only implicates the occipital region, the hair growing pretty well in front, though in the boy it is too freely shed. No history of any similar defect in any of the ancestors can be made out. The father is alive and well. The mother died at the age of 30 of cancer of the uterus.—*Edinburgh Med. Journal*, Oct., 1888.



## MATERIA MEDICA AND THERAPEUTICS.

By WM. WATT KERR, M. A., M. B., C. M., Professor of Therapeutics, University of California, San Francisco.

**Mercury as a Diuretic.**—The *British Medical Journal*, Sept. 22, 1888, contains a valuable article upon this topic by DR. TALFOURD JONES. After reviewing the literature of the subject, he reports a case of ascites, due to cirrhosis of the liver, which was completely relieved by the administration of three grains of calomel three times daily. It would appear that the diuretic effect of mercurial salts is secondary to their influence upon the liver. Thus, Dr. Noel Paton showed that mercuric chloride caused increased urea formation from a hemolytic action on the blood cells, and this increased amount of urea in the blood acts as a diuretic, stimulating the kidney to greater activity. Dr. Jones says that it is not necessary for the mercurous salt calomel to be converted into the mercuric salt before producing diuresis, as has been the theory suggested by some writers. He accepts Harley's statement, that calomel acts especially on the hepatic capillaries, relieves a congested condition of the blood vessels, and so lessens the mechanical pressure on the liver cells. He then argues that while calomel may not increase the secretion of bile during health, it may do so in disease, by removing impediments to the healthy action of the liver cells—notably by relieving congestion and promoting absorption of exuded lymph, which, by pressing on the hepatic cells, might impair their functional activity. The hemoglobin of the effete red blood corpuscles will then be more readily acted upon by the hepatic cells and converted into bile-pigments and urea, and the urea thus formed will stimulate the kidney and act as a diuretic.

**Antipyrin in Aneurism.**—In a paper read before the Academy of Medicine, M. GERMAIN SEE recommended antipyrin instead of morphine, as an analgesic in the treatment of aneurism. He had used it in the treatment of thoracic aneurism for nearly two years, and found the precordial and cardiac pains rapidly disappear under its use, especially when given subcutaneously in doses of about four grains night and morning. Under the combined action of iodide of potassium and antipyrin, the dyspnea and oppression were relieved, whether due to catarrh, pressure on the bronchi, lung, or recurrent laryngeal nerve. M. DUJARDIN-BEAUMETZ regarded antifebrin as equally efficacious, and at the same time free from the dangerous symptoms that occasionally accompany the use of antipyrin. It might be given in doses of eight grains three times daily.—*Philadelphia Medical Times*, Sept. 15, 1888.

**Sulphonal.**—This new remedy appears to be giving considerable satisfaction as a hypnotic. It is only adapted to those cases in which the insomnia is due to excessive cerebration, and is utterly useless when pain is present. Some unfavorable symptoms have been noticed, as occasionally following its use, the most common being headache and vertigo; the only serious case was one recorded in the *Medical News*, Sept. 22, 1888, in which it induced repeated attacks of angina-pectoris in a patient suffering from arterio-sclerosis.



**Oxycyanide of Mercury the Best of Antiseptics.**—Compared with corrosive chloride (*Comptes Rend. de Soc. de Biol.*, July 6, 1888). (1) Its solution has a slightly alkaline reaction and precipitates albumen only slightly. (2) It is less irritant than solutions of sublimate. (3) There is less absorption by tissues than in case of sublimate. (4) Solution  $\frac{1}{1500}$  does not attack, but slightly, the materials used in surgical instruments. (5) Tested by its power of keeping soup, the antiseptic property showed itself six times greater than that of the bichloride. (6) Tested by its power to destroy the micrococcus pyogenes aureus, the advantage was slightly in favor of the bichloride,  $\frac{1}{1400} : \frac{1}{1300}$ . (7) Employed on suppurating surfaces, or to render a mucous surface antiseptic, it furnishes much better results, because of the tolerance by tissues and of feeble absorption. The cyanide of mercury has about the same properties, but the oxycyanide is more powerful against the micrococcus pyogenes aureus. *American Journal Medical Science*, Sept., 1888.

**Action of Carlsbad Water on the Gastric Functions.**—SANDBERG and EWALD have determined, by a series of experiments, the effects of Carlsbad water on the functions of the stomach. This was done by subjecting patients to the water treatment, and examining the contents of the stomach, removed by means of the stomach tube. (1) Carlsbad water is a powerful gastric stimulant, so much so that half an hour after its ingestion it is often possible to demonstrate the presence of hydrochloric acid in the stomach contents. (2) After a four or five weeks course of treatment no diminution in the secretion of pepsine could be noticed. (3) The same is true of the rennet ferment. (4) In those cases in which, before treatment, the acidity was rather below normal, the secretion of pepsin and of rennet was increased. (5) Carlsbad water stimulates gastric activity more powerfully than common water of the same temperature. (6) Absorption takes place very quickly; most rapidly at a temperature between 122° to 131° F.—*American Journal Medical Sciences*, Sept., 1888.

#### MEDICINE AND PATHOLOGY.

By ALBERT ABRAMS, M. D., Demonstrator of Pathology, Cooper Medical College, San Francisco, Cal.

**The Gingival Line in the Diagnosis of Tuberculous Phthisis.**—In the year 1850 A. FREDERICQ called attention for the first time to a red line which occurs on the gingival border in various diseases. This line is intensely red in cases of acute phthisis and more bluish in chronic cases of this disease. This line was observed by him in the earlier stages of phthisis, and was considered not only of semeiotic but of prognostic value; the more rapid the course of the disease the more intensely red the line, and any diminution in the intensity of this redness was considered as a favorable sign. A bronchitis without this line was considered by him never to be of tuberculous origin. In 1854 Thompson again called attention to this line in phthisical individuals, and found that it was especially characteristic around the incisors of both jaws. He furthermore found that it occurred in all stages of this disease, and was occasion-



ally one of the earliest signs, occurring, however, less frequently in women. When the patient's condition was improved, Thompson observed that the line disappeared; the broader the line the more unfavorable the prognosis, which was also bad when light red spots occurred on the mucous membrane of the cheek. Saunders and Draper followed up the observations of Thompson, and concluded that the red line frequently attended tuberculosis, but could not be considered as characteristic of the same. More recently DR. GEORG STICKER studied the subject, and finds that the red line of Fredericq and Thompson is almost invariably present in phthisis, and may be considered one of the earliest symptoms of this disease. He furthermore found that the line was present in healthy women in the latter stages of pregnancy, and existed for a time after its termination. In other healthy individuals and in non-phthisical patients this red line is only exceptionally found, and if so, in the senile period of life. In young persons who are not phthisical it is never present.—*Münchener medicin. Wochenschrift*, Sept. 11, 1888.

**The Diagnosis of Renal Tumors.**—BERTHOLD STILLER adverts to the following, which he considers characteristic symptoms of kidney tumors: (1.) The tumor usually occupies but one side of the abdomen; the rapidly growing renal tumors of children, however, proving an exception to the rule. (2.) It is usually round in contour, thus differing from hepatic and splenic tumors, which have angular borders. (3.) The upper border of the tumor is not usually palpable, whereas the inner and lower borders can as a rule be felt. (4.) The renal growth being a retroperitoneal tumor, is neither in an active or respiratory manner moveable, unless the same be dislocated. Should the dislocated growth become fixed, it will still retain its retro-peritoneal character; if movable, however, it bears the character of an intraperitoneal tumor, which is not generally influenced by respiratory movements. An immobile tumor containing fluid (hydro or pyonephrosis, echinococcus) may simulate respiratory movement, owing to an adherent diaphragm causing a descent of the fluid. Sub-diaphragmatic renal tumors lose all respiratory movement, when, in consequence of their size, the muscular power of the diaphragm is no longer able to dislocate them, or when they reach the pelvis and encroach on the bony structures. (5) Owing to the retroperitoneal position renal tumors are as a rule entirely covered by the intestines. Should, they in their growth, attain the anterior abdominal wall, then the intestines are dislocated to the inner side of the kidney, whereas the vertical portion of the colon would lie immediately over that organ. This relation of renal tumors to the intestines, makes it possible to exclude all other abdominal growths. (6.) Percussion over the tumor will yield either a tympanitic or dull tone, with a limited vertical tympanitic area, which, if absent, can readily be induced in the case of a tumor of the left kidney by the introduction into the rectum of an effervescing powder. (7.) When large tumors exist which are with difficulty isolated from the liver or spleen, palpation on the right side will render clear the respiratory movements of the hepatic border, and on the left side eliciting the splenic figure of dullness will



assist materially in arriving at a proper diagnosis. (8.) Finally, a very important point is the determination of the encroachment of the growth toward the lumbar region, by means of palpation and percussion.—*Centralblatt f. klin. Medicin*, Sept. 1, 1888.

**The Etiology and Curability of Tuberculosis.**—Regarding the frequency of tuberculosis, PROF. BOLLINGER maintains that in large cities from 40 to 50 per cent. of all deaths may be attributed to this disease. Recent experiments in his laboratory show that milk may prove infectious, whether taken from cows suffering with local or general tuberculosis. As in other infectious diseases, the quantity of tuberculous material introduced into the economy, strongly influences the severity of infection. Only a few drops of undiluted milk from a tuberculous cow proved sufficient to produce typical miliary tuberculosis in animals, but when this quantity underwent any material dilution, its effects were negative. This latter observation would suggest the use of milk taken from many, rather than from one cow. The non-infectiousness of meat from tuberculous animals was proven by taking the muscles of twelve tuberculous cows and injecting the liquid obtained into the peritoneal cavities of sixteen guinea pigs; no tuberculosis resulted. With regard to the curability of tuberculosis, Bollinger refers to many necropsies made on individuals in whom lesions of a former tuberculosis are found. Whether the tuberculous patches thus found are still capable of transmitting tuberculosis, has been carefully studied by Dr. Kurlow. In all, twenty-six apical affections of the lungs, without selection, were taken from individuals dying from some affection other than tuberculosis, and the following experiments were made: (1.) Inoculations made with material obtained from three simple cirrhotic patches in the apices proved negative. (2.) Inoculations made with material obtained from four cirrhotic patches infiltrated with calcareous matter, were likewise negative. (3.) Inoculations made with material obtained from twelve capsulated caseous patches on twenty-six animals, resulted in the development of tuberculosis in twenty of the animals. The experimental results show the in twenty-six suspected cases of tuberculosis of the pulmonary apices, seven only, 27 per cent., were non-infectious. For the microscopical-anatomical diagnosis, the fact is important, that all apical affections of the lung are to be regarded as infectious, as long as caseous or caseous-calcareous patches are present. Those cases only can be denominated as cured in which simple cicatrices are present, with or without calcareous infiltration.—*Wiener medizen. Presse*, Sept. 16, 1888.



# Sacramento Medical Times.

JAMES H. PARKINSON, L. R. C. S. I., EDITOR.

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COMMUNICATIONS are invited from all parts of the world. When necessary to elucidate the text, illustrations will be furnished without cost to the author.

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SACRAMENTO: NOVEMBER, 1888.

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## THE CASE OF THE LATE GERMAN EMPEROR.

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The unseemly controversy now raging between Sir Morell Mackenzie on the one hand and the German medical attendants of the late Emperor on the other, notwithstanding it has assumed international importance, is nothing either more or less than a doctors' quarrel. And why is the bandying of bad words between medical antagonists "to fortune and to fame unknown" a whit more disgraceful than between leaders of the profession? Heaven save us from such leadership at such a time!

What if Sir Morell did make an erroneous diagnosis, and, in consequence, institute a futile treatment? Greater men and better have done so before, and they will continue to do so to the end of time. What if Virchow did fail to discover cancer cells in the fragment of neoplasm submitted to his examination? Let us humbly renew Göthe's last petition, *merh licht!*—more light! What if the German physicians were jealous? Let him that is without blame cast the first stone.

At times, and this is one of them, we are almost constrained to adopt the classification of the cynic—great men are of two kinds, the little great men and the great little men.

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## NOTES.

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DR. A. H. GIHON has been ordered to take charge of the U. S. Naval Hospital at New York. Dr. Gihon has made many friends during his stay on this coast whose good wishes will accompany him to his new field.

DR. J. W. HUSE has been appointed superintendent of the Hospital Department for the Pacific System of the Southern Pacific Co., with headquarters in San Francisco. The appointment to take effect October 1st, 1888.



**Montreal Medical Journal.**

The *Canada Medical and Surgical Journal* has assumed the above title. It has been enlarged from sixty-four to eighty pages and is much improved in appearance. The subscription has been reduced to \$2.00.

**The Medical and Surgical Reporter.**

Our esteemed contemporary, the *Medical and Surgical Reporter*, states that a medical journal has appeared at Toledo, Ohio, bearing the same title. Subsequent numbers of the new publication have the words "The Toledo" prefixed to the title, but so printed as to imply that the misappropriation was purposive. This is neither courteous nor honest and cannot fail to injure the publication pursuing this course.

**Ice Cream Poisoning at Mountain View.**

The following particulars of a case of ice cream poisoning which recently occurred at Mountain View, Santa Clara county, and by which a number of persons were seriously affected, have been furnished by Dr. C. V. Jones of that town. The ice cream freezer was a new one, being used for the first time, and had been constructed by the local tinsmith. It was made of tin, soldered on the inside to avoid cracks or crevices. The maker states that he has made over 100 in this manner and has so far had no complaint. A solution of zinc in muriatic acid is used in the soldering process, but this is readily removed by a thorough washing which the person who made the ice cream states that she gave the apparatus. The party, to the number of twenty, including the woman who made the ice cream, were seized, soon after eating, with vomiting and purging, accompanied by severe griping pains. The vomited matter was noticed to be intensely acid. Under appropriate treatment these symptoms subsided, all the victims recovering within twenty-four hours.

**Remarkable Monstrosities.**

In the July number of the *Annals of Gynecology* Dr. J. Bechtinger, of Para, Brazil, describes a remarkable abnormality in a female. The subject is 25 years of age, a native of Martinique (French West Indies); her father is a Frenchman, her mother a quadroon. Both are healthy and there is no history of deformity in the family. The girl has a third leg attached to a continuation



of the processus cociggeus of the sacrum. In addition to two well developed mammæ, normally situated, there are also two close together above the pubis. There are two vaginæ with well developed vulvæ. Both vaginæ are properly supplied with nerves and normal sexual connection with correspondingly natural sensations is possible in either vagina. The sexual appetite is very markedly developed. In this connection Dr. G. W. Woods, of the Navy Yard, Mare Island, has called our attention to an almost identical case occurring in the male subject, which appeared in the *Lancet* about twenty years ago, and is there fully described by Mr. Ernest Hart. The subject, a native of Faro, Portugal, was 19 years of age and in good health. There was no family history of malformation. The third leg, which is really a consolidation of two legs, as shown by the foot, is attached to the inferior and posterior part of the arch of the pubis. When walking he straps the limb to the right thigh. He has two complete and well formed penes, placed side by side about an inch from the median line. On the inner side of each is attached a fully developed scrotum and testes. Between them hangs a shrunken scrotum which contained two testes until he was ten years old, when, as he says, they ascended into the abdomen. When the bladder acts it expels its contents through both penes at the same moment. Under excitement both become erect and other functions are performed by the two simultaneously. He describes himself as possessing considerable virile power. He habitually uses the left penis in sexual intercourse.

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## SOCIETY PROCEEDINGS.

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### SAN FRANCISCO COUNTY MEDICAL SOCIETY.

*Regular Meeting September 11, 1888.*

The President, J. D. ARNOLD, M. D., in the Chair.

**New Members.**—HENRIETTA BROWN, M. D. was duly elected a member of the Society.

**Facial Neuralgia Relieved by Neurotomy.**—DR. J. F. MORSE reported a case of facial neuralgia relieved by neurotomy. In 1862, the patient was attacked with tic douloureux after exposure to a severe snow storm in the mountains, and for the relief of this Dr. Bulkley, of New York, performed some operation in the region of the superior maxillary nerve, the nature of which is unknown to the patient. This did not afford him any relief, and after a time the pain became associated with spasmodic contractions of the facial muscles, so that in 1873, he applied to Prof. Jas.



Wood who performed Kernaghan's operation. The patient remained free from pain for eighteen months, but after a severe wetting it recurred and was only kept in subjection by the continuous use of large doses of morphine until 1885, when, by dividing the inferior dental nerve, Dr. Lane relieved him for another three months. Acting on the recommendation of Dr. Lane, he applied to Dr. Morse, telling him that unless some relief could be given him he certainly would be compelled to commit suicide. Dr. Morse suspected that Wood's operation had failed to divide the posterior dental branches, as there was intense pain in the area of their distribution, and as dissection verified the suspicion these branches were removed, together with the inferior dental; the gustatory and supra-orbital also being divided. The patient has not complained since the operation, but it is too soon to regard the case as cured since the pain may return as on former occasions.

DR. H. M. SHERMAN said that Wood practised before the days of Listerism or antisepsis and adopted the custom of leaving wounds open and allowing them to heal by granulation from below. This would account in some measure for the deep cicatrices which his operation had left upon the face of the patient.

DR. MORSE replied that the scars were due to the method of operating and not so much to the healing process. It was to obviate these that Lawson and Brown's method, which he himself had followed in dividing the superior maxillary, had been introduced. He had not any faith in bloodless stretching of nerves for neuralgic affections, but in several instances relief had followed cutting down upon the nerve and stretching it. He did not think that the result was due to stretching of the nerve fibres, but to the setting up of an inflammation which might lead to the absorption of other products.

**Congenital Absence of Left Kidney.**—DR. W. W. KERR reported this case. The patient was admitted to hospital suffering from ascites, the abdomen being enormously distended and the dyspnea very great. No relief was obtained from cathartics, diuretics, sudorifics or any other medicinal agent, indeed the urine always remained scanty, but free from albumin, and consequently the patient was tapped. This permitted percussion which revealed a marked diminution in the area of hepatic dulness. On auscultation a regurgitant murmur could be heard in the mitral area. The diagnosis was mitral incompetence and cirrhosis of the liver. The fluid accumulated so rapidly in the abdominal cavity that paracentesis had to be performed three times in fourteen days to relieve the pain of distension and the dyspnea. *Post-mortem* examination conducted by Dr. Cook showed a well marked cirrhosis of the liver, and shortening of the mitral valves. The strangest feature was the entire absence of the left kidney or any trace of it, while the right was uniformly hypertrophied to nearly twice the normal size. The case was interesting as showing how well one kidney, could under ordinary circumstances, perform the functions generally carried on by two; and also as the discharge of urinary functions by one organ would require a higher blood pressure than normal. Such cases would indicate that the cardio-vascular changes in Bright's disease were due to a rise in blood pressure throughout the body, probably caused by action of retained material upon the vaso-motor centres, and not simply to rise in renal pressure.

DR. T. J. LETOURNEUX had a case under observation at the present time in which the cavity always refilled within two or three days after tapping, but he could not discover any indications of disease or abnormality beyond the portal obstruction.

DR. MORSE remembered seeing a patient operated upon for hydro-nephrosis. The operation was followed by total suppression of urine and death; the autopsy showed that the remaining kidney was only rudimentary.



DR. D. W. MONTGOMERY thought that in Bright's disease a general rise in blood pressure was caused by the action of the urinary constituents on the walls of the vessels.

THE PRESIDENT suggested that in cases where one kidney was absent the other might be hypertrophied sufficiently to compensate for the diminished excretory surface caused by the absence of the other organ, and therefore no rise in renal arterial pressure would be necessary for the efficient performance of the work.

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*Regular Meeting September 25, 1888.*

The President, J. D. ARNOLD, M. D., in the Chair.

**Sarcoma of the Liver Simulating Gumma.**—DR. WM. E. TAYLOR exhibited a specimen of lymphoid cell sarcoma, which he had taken from a patient, who during life had presented all the symptoms of visceral syphilis; this tumor had been very slow in growth, and, to the naked eye, appeared to be a gummatous affection of the liver, but microscopic examination by Dr. Douglass Montgomery showed it to be the form of sarcoma above mentioned. Dr. Taylor in opening the discussion on visceral syphilis, said that he regarded the importance of a more accurate knowledge of this subject as increasing every year, since the tertiary manifestations of syphilis are the most serious of all lesions to internal organs. The disease was not local but general, affecting every tissue in the body, and while the disappearance of a certain group of symptoms led some to believe that the disease tended towards a self-cure, and to regard re-infection as proof that the disease in the first instance had been rooted out, he felt some hesitancy in accepting the accuracy of the diagnosis, especially when he remembered the many diseases it resembled. He doubted extremely if any one ever did fully recover from syphilis, and believed that many of the chronic diseases, which at present are held as distinct from venereal affections, are really syphilitic in their origin.

DR. D. W. MONTGOMERY said that after making sections of the specimen exhibited, he found that the nodules were made up of lymphoid cells, containing a large granular nucleus; they did not stain readily, and around the tumor were capillary blood vessels and extravasated leucocytes, which were smaller than the cells of the tumor and did not possess the granular nucleus. Was the tumor syphilitic? The syphilitic granulomata were in the same category as tubercle, glanders and lupus—*i. e.*, they were all made up of small round cells, like leucocytes, which stain easily; in this case the cells were larger, contained a granular nucleus, and did not take the staining fluid. In some instances, the tumors presented signs of slight fatty degeneration in their centres.

DR. J. ROSENSTIRN believed that it used to be regarded as a differential point between gummata and sarcomata that the former underwent degenerative changes which the latter did not. In view of Dr. Montgomery's last statement, he would be inclined to the first opinion of Dr. Taylor—that the tumors were syphilitic in their origin.

DR. A. ABRAMS said that particular stress had been put upon the fact that the cells did not absorb the staining fluid. Now if the tumor had undergone degeneration, the cells must have contracted, and their vitality being impaired the difficulty in staining could be explained. He noticed lately that some statistics showed 80 per cent. of the cases of aortic aneurism were due to syphilis, and he believed that in such cases the benefit derived from iodide of potash was due to its being a direct antidote to the syphilitic poison.

DR. MONTGOMERY recognized the difficulty of diagnosis. In syphilis, the degenerative changes are very well marked, while in this case they



were very slight when compared with granuloma, and commenced at quite a distance from the periphery. The cells did not resemble these of granuloma and the presence of the blood vessels, also spoke in favor of sarcoma.

THE PRESIDENT said that sometime ago Dr. Taylor called attention to the degenerative changes in the blood vessels which did not readily respond to specific treatment; as the management of these later forms of the disease is very difficult, he thought that some remarks upon this subject would be appropriate.

DR. TAYLOR replied that he had avoided mentioning treatment, as he believed that to be pretty well agreed upon. It used to be taught to give mercury in the first and second stages and iodide in the third, but now he never gave iodide alone in the third stage as he obtained better results from a combination of the two either in the same prescription, or as inunction or both. Of course, the failure of a disease to respond to this treatment did not show that it was not specific, for the tissue degeneration might have proceeded so far as to be beyond the influence of any drug. One great difficulty in the administration of remedies lay in the location of the disease, for if the alimentary system were involved, we would have to contend with the digestion as well as the syphilitic poison. If the emunctories were kept working freely, much better results could be obtained from medication, and it was on this account that so much benefit frequently followed a visit to hot springs.

## SPECIAL CORRESPONDENCE.

### LONDON.

[FROM OUR OWN CORRESPONDENT.]

*Sir Morell Mackenzie's Book..—The Whitechapel Murders.—Scientists and Tight Lacing.—Lightning and Lightning Conductors.—The Introductory Addresses.—The Electricity of the Human Heart.—The Prevention of Puerperal Fever,—Amalgamation of the Parkes Museum of Hygiene and the Sanitary Institute of Great Britain.—Dr. Theodore Williams on Inhalations.—The Illustrated Medical Journal.*

As advance sheets of Sir Morell Mackenzie's book are to be sent to New York, the interest which it may excite will be discounted before this can appear, and I shall not attempt to give any account of its probable contents. The book will be published on October 15th, in London and will be illustrated by drawings and reproductions of the late Emperor's handwriting. It is not composed in the form of a direct reply to the German report, but consists of a history of the case, interspersed with reminiscences. The publishers (Messrs. Sampson, Low, Marston & Co.), have arranged for its issue on the same day in Germany, but a persistent rumor, which finds fresh support in Bismarck's threat to prosecute the *Deutsche Rundschau* for publishing the extracts from the late Emperor's diary, has been circulating for some weeks, to the effect that its sale in Germany will be immediately prohibited.

The daily press will also have made you acquainted with the extraordinary charge against an unknown American which was formulated by the coroner in his summing up to the jury which sat to find the cause of death of a woman, named Chapman, who was found murdered in the yard of a tenement house in Whitechapel. Great excitement was caused by the fact that this was the third or fourth unfortunate women—"unfortunate" in more senses than one—who had been found murdered and



multilated in the east end of London within a few months. *Post-mortem* examination revealed that the uterus together with the posterior part of the bladder, the upper part of the vagina, and a piece of the abdominal wall, including the navel, had been removed. It seems probable that the woman was first strangled, then stabbed in the neck, and afterwards mutilated. The subcurator of one of the pathological museums in London had informed the coroner that a few months ago an American had applied to him to obtain a large number of specimens of the uterus, stating, as his reason for wishing so large a number, that he wished to give a specimen with each copy of a book upon which he was engaged. The improbability of the story was increased by the additional statement that this unknown American had expressed himself ready to pay as much as £20 apiece for the organ in question. This outrageously improbable story obtained credence in the daily press for a few days; but before there had been time to disprove it by inquiry, as has now been done, the whole theory was blown to the winds by the perpetration of two other murders in the early morning of Sunday, September 30th. Both women were prostitutes. One was killed by having her throat cut, but was not mutilated; the other was killed in the same way, but, in addition the abdomen had been ripped open, the intestines pulled out and cut in several places—the left kidney and a part of the uterus were missing.

The murders have been the text for a good many sermons from sanitary and social reformers; and, no doubt, they do well to improve the occasion, but their lucubrations appear to me to involve a *non sequitur*. The women were prostitutes, and of a very low class, the murders were committed in slums, and the murderer, or murderers, is evidently either a madman, or a "Fenian;" now prostitutes are not a peculiar product of London. London slums are not nearly as bad as those of New York, Vienna or Berlin. Your Fenians are imported from the United States and maniacs are of all countries. True, the slums of London are a blot on our civilization, and recent revelations of the manner in which the municipal affairs of London, of Paris, and of New York have been conducted by a gang of "Councillors," "Managers," or "Aldermen" makes some of us parody Bret Harte: "Is modern civilization a failure, and is democracy played out."

The Professor of Pathology, at the University of Cambridge, Dr. C. S. Roy, and his demonstrator, Mr. G. Adams, made a good many of the old fashioned frequenters of the meetings of the British Association rub their eyes and misdoubt the evidences of their ears the other day in the Biological section of the Bath meetings when they appeared as champions of tight lacing. Moderate pressure on the abdomen, they said tended to assist the emptying of the abdominal veins, and experiment showed that the amount of blood expelled by the heart at each stroke was greater, and that consequently the blood supply of the brain and spinal cord the muscles and skin was increased. This increased supply, they said, was useful when violent muscular exertions were being made; consequently tight lacing in women and tight waistbands in men were useful. In the future, we are not only to admire the slim waist of our fair partner at dinner or rout, as fashionably beautiful, but to look upon it as having a higher significance and to remember that the greater amount of blood which it diverts to the brain, is responsible for the brilliant talk and ready wit—when these exist. If they do not exist we must try and see them. Dr. Garson, the anthropologist, in a passage of the report on the anthropometric laboratory held at the Manchester meeting last year, uttered a counterblast. The persons examined in the laboratory were ladies and gentlemen who attended the 1887 meeting, and a most remarkable difference was discovered between the males and females in their vital capacity. In males, it was 63 c.c. per inch of stature in the decade 20-30, 55 c.c. in the decade 30-40, 53 c.c. in the decade 40-50, and 49 c.c. in the decade 50-60.



In men, therefore, the vital capacity steadily declines with age, at first rapidly, afterwards more slowly. In females, the vital capacity was 40 c.c. per inch of stature in the decade 20—30; 35 c.c. in the decade 30—40; 36 c.c. in the decade 40—50, and 37 c.c. in the decade 50—60. In women, therefore, the vital capacity is always much below the male standard, but declines much less rapidly after the first decade, and even slightly increases between 40 and 60. Dr. Garson thinks that this difference is due to the use of stays or "corsets." In early womanhood, the stays diminish the vital capacity, and in the second decade (30—40), when so many ladies tend to grow stout they have to lace still more tightly to keep their figure, and the vital capacity falls still more. In later years, when they begin to care less about their "figures," (as a rule) the stay laces are relaxed, and the increased play thus allowed to the lungs more than compensates for the diminution which age tends to produce.

There was another discussion at the British Association meeting of a good deal of practical interest, to which I may refer: This was on Lightning and Lightning Conductors. It was opened by Mr. Preece, F. R. S., Electrician to the Postal Telegraph Department, who vehemently attacked the conclusions arrived at by Professor Oliver J. Lodge, as the result of laboratory experiments. Mr. Preece said that Professor Lodge had made an initial mistake in assuming that the conductor was struck by the flash, on the contrary, the conductor carried off the electricity, and if properly constructed, prevented a flash; Professor Lodge replied that even good conducting rods were occasionally struck and melted. Sir William Thomson said that the safest place in a thunderstorm was a sheet-iron house, and that the best place to store gunpowder was a house without a lightning conductor, but with an iron exterior. Professor Lodge pointed out, however, that such a building must be very carefully put together, for the smallest gap might give off a spark. Mr. G. J. Symons, who has an immense practical experience as a Meteorologist, gave it as the result of the investigation of every accident by lightning of which he could hear, that houses protected by conductors erected in strict accordance with the rules laid down in the *Report of the Lightning Rod Conference*, 1882, were absolutely safe. Mr. Preece, in his reply, said that the rules could be strictly obeyed at a cost of £1.0.0, and recommended a stranded iron wire a quarter of an inch in diameter, with finial points. The President, Professor Fitzgerald, of Dublin, in summing up the discussion, said that there could be very little doubt but that the presence of a considerable number of conductors afforded a great deal of protection to the area in which they existed. M. DeFonvielle earlier in the discussion, had instanced Paris as a city practically free from lightning calamities, owing to the multiplicity of conductors, which permitted the electricity to dribble away slowly and harmlessly. He suggested, however, that the Eiffel Tower, which was to be constructed entirely of iron, and was to reach a height of 1,000 feet, would form an immense lightning conductor, and might afford some curious results to science. Professor Fitzgerald said that it was desirable that an inhabited country should contain a very large number of conductors to carry off the electricity innocuously and prevent flashes; he expressed the comfortable opinion that though there might be room for improvement in the conductors in use, they had on the whole been right.

The medical schools have opened this week throughout England, and a good many of the usual introductory addresses have been delivered. Two of the orators, however, broke through the custom of talking in a fatherly way to the students about our "noble profession," and so on. Dr. Waller, the lecturer on physiology at St. Mary's Hospital Medical School, and son of the Dr. Waller whose name has been perpetuated in the term Wallerian degeneration of nerves, gave an account of some very curious observations on the electricity of the human heart. He showed



that the heart is an electrical organ, and as such influences the whole body. When the heart contracts the fall of electrical level, to use his phraseology, begins at the apex, and extends to the base, and as it is pretty well ascertained that the active phase of muscle or other living tissue is marked by a fall of electrical level, it follows that the cardiac contraction begins at the apex.

Dr. Cullingworth's address at St. Thomas' Hospital was on the Prevention of Puerperal Fever. It was a carefully prepared plea for the routine use of antiseptics. The students in the maternity department at St. Thomas' Hospital, are instructed to use corrosive sublimate solution, 1 : 1,000. The powder used for preparing the solution is :

R—Hydrargyri Perchloridi, - gr. X  
Acidi Tartarici, - - - gr. I  
Cocci, - - - - - gr. i

The tartaric acid increases the bulk of the powder, which is an advantage, and also lessens the risk of a portion of the mercury salt being lost by being precipitated as an albuminate, or by the alkalinity of a hard water; the cochineal is added to prevent mistakes as to the nature of the solution once it is made. The lubricant used is a solution of corrosive sublimate in glycerine, 1 : 1,000. The hands are directed to be washed with soap, warm water and a vigorous use of the nail brush, and then rinsed and scrubbed with corrosive sublimate solution; he does not recommend vaginal douches of corrosive sublimate as a routine practice, but insists that one ought to be thoroughly given, if an examination has been made by any person without antiseptic precautions, care being taken to avoid leaving any of the solution in the passages, lest the patient be mercurialized. For ordinary douching he would apparently prefer permanganate of potash.

The amalgamation of the Parkes Museum of Hygiene, in London, and the Sanitary Institute of Great Britain, which has long occupied the attention of prominent sanitarians in this country, is now an accomplished fact. The first meeting of the council of the new body, formed out of the two Institutions, was held on October 5th.

Dr. Theodore Williams' paper at the British Medical Association meeting at Glasgow, on inhalations deserves to be carefully studied. He has, I know, given great attention to the subject, and always follows up his cases with great care and industry. He has found antiseptic inhalations useless *quâ* antiseptic action. Carbolic acid has sometimes a useful effect by its anesthetic action, but any means which dulls the sensibility of the mucous membrane ought to be used with great care; there are greater dangers in bronchitis, especially of old persons, than a considerable cough and expectoration. Most of the drugs used either had no effect or acted better given by the stomach. Turpentine may possibly be an exception; at any rate it is readily absorbed and quickly appears in the urine. In the treatment of hemoptysis and chronic bronchitis there are few drugs which equal turpentine. In hemoptysis inhalations, are good (3ss) repeated frequently. In the subacute exacerbations of chronic bronchitis turpentine often works wonders, especially if preceded by nauseating doses of ipecac. This is old fashioned pharmacy, but I find that a great many, like myself, after trying all sorts of new fangled dodges and drugs, fall back on the old plan.

A new journal has been started in London, *The Illustrated Medical Journal*. It is to give a colored lithograph weekly, and copious illustrations are promised in the text. The first two numbers are moderately good; if it does not improve it will probably collapse, unless the real proprietors are prepared to sink a lot of money to get an advertising medium. The editor is, I believe, Dr. Arthur John Harries, a skin specialist.

LONDON, October 1st, 1888.



## CORRESPONDENCE.

## The Operation of the Medical Law—A Narrative.

Among laws enacted for the protection of the people against fraud and imposture, is "An Act to Regulate the Practice of Medicine and Surgery." Such laws are not self-operating; some one has to take the initiative, and as most gentlemen dislike to act as "informers," many a rascal escapes just punishment—which would not be if the regular profession put in prompt aggressive work.

There is one little village in a bay county which, doubtless, the quacks will shun, warned by the experience of two of the fraternity. There is a quiet, unpretentious medical man there, who seems to be satisfying the wants of the people. He filled his own prescriptions from supplies furnished by a general store. One day a new man showed himself, said he purposed remaining to open a drug store, and bluntly told the local medico that if he would send all his prescriptions and otherwise aid in building up the same, the new man would confine himself to the dispensing of drugs; but if the other did not comply with this demand he would *practise*, as he, too, was a doctor in medicine. The old doctor expressed himself as not favorably struck with the spirit in which this *ultimatum* was presented. In response to queries as to credentials and the like, the new man claimed to be a "Fellow of the Royal College of Surgeons, England;" that he attained his degree seven or eight years ago; had been in practice in California several years, down in Boom-land, and on the State Register as such. Whereupon it was suggested that if his statements were all true, he was the peer of the best, free to start in anywhere, without trying to make terms with an obscure country doctor—the latter declining all entangling alliances on so short an acquaintance. A little detective work soon showed the "fellow" to be an arrant fraud. A layman swore out a warrant, which was defective, when the old doctor took the matter in hand and the "fellow" was soon in jail; remained there some time, was bailed out by compassionate strangers, but never returned to his old haunts, and afterwards suicided or accidentally took a fatal dose of his favored "dope," dying a wretched outcast before his case came to trial.

In the village was another of the same ilk, who boasted of the medical universities he had attended, of his big practice in the village as well as in San Francisco, where he said he also filled a professorship in the college of "physicians and surgeons." Well, about the time the first "fellow" passed away the Grand Jury found a bill of indictment against the other, wherein it was charged generally that he was engaged in the practice of medicine, yet there was one particular instance cited, and when placed on trial the presiding judge ruled out all evidence tending to show that the man "professed publicly to be a physician, that he habitually prescribed for the sick, and appended M. D. to his name," and confined everything to the naked proposition that on a given day the defendant did, as a practising physician, attend the child of one B. Thus restricted and the principal witness to that one transaction, who swore straight enough before the Grand Jury, wandered away from the facts on the final trial—said the quack had not been called in as a practising physician, only as a friend and neighbor; and the defendant in his own behalf swore that he was not a practising physician, never professed to be, never practised beyond rendering gratuitous services in cases of emergency and that he was a druggist and owned an interest in a San Francisco drug store. With such evidence, rulings and instructions of the court, the jury felt compelled to bring in a Scotch verdict "not proven." But a case was soon made up, to rest on reliable witnesses; the prisoner plead with the arresting officer



that he had pressing business in San Francisco; that his interests would seriously suffer if not attended to at once, begging the officer to accompany him over there, or accept his parole of honor and pledge to report himself to the officer the following day, on which latter proposition the credulous "cop" let him go, and the quack forgot to return—some of his friends say he is gone east and is studying for a degree. Possibly he may buy a sheep skin from some "diploma mill" to be utilized in some new field.

LEX.

Oil of Cashew in Leprosy.—A Letter to Father Damien.

\* \* The following letter, for which we are indebted to Dr. A. W. Saxe, of Santa Clara, will, we think, prove of general interest. Mr. R. W. Meyer, the Superintendent of the Leper Settlement, writes that Father Damien, having used the oil for seven weeks, finds that the tubercles are disappearing; but adds, "I doubt whether the treatment will cure the disease."

HODSON STREET, AUCKLAND.  
New Zealand, June 14th, 1888. }

Dear and Reverend Father:

\* \* \* \* \*

I deeply reproach myself that I have not sent to you before the remedy which you may perhaps have heard of, which was discovered by the late Dr. Beauperthay, of Cumana in Venezuela. You will find a full account of the remedy and mode of treatment in the accompanying pamphlet, which I send you by favor of the doctor of the mail steamer, together with a small bottle of the Oil of Cashew Nut. Perhaps you have the Cashew in the Sandwich Islands, but if not you will find the specimen I sent has retained its properties. I would strongly recommend you to try it. It cannot do any harm if tried on a small surface, and you will soon experience its effects. If your disease is of the tubercular species, you can paint any of the tubercles and a portion of skin surrounding them, with a little of the oil, *rubbing it well into the skin*. In a few days you will find an exudation, which will dry up into a scab. This must be allowed to fall off by itself, and a second and third application made, until the skin becomes soft and resumes its sensibility. If you are suffering from the *anesthetic* form of the disease, try the oil first on the arm at the spot where the numbness commences, and work downwards towards the fingers. In both forms, the use of the galvanic battery for one-fourth of an hour two or three times a day is very advantageous. You will find pretty full directions in the pamphlet, which is an official copy of my report and correspondence, presented to both houses of the British Parliament by command of Her Majesty, Queen Victoria. \* \* \*

I am satisfied that cases in their early stages can be cured; I have cured several myself. \* \* \*

I am, dear and reverend father, yours most faithfully,

R. H. BAKEWELL, M. D.

[The nut is contained in an edible fruit produced by the *Anacardium Occidentale*, a tree twelve feet in height, native of India. Natural order, *Terebintaceæ*. Fruit, pleasant sub-acid flavor, slightly astringent. Nut near the size of an almond. Has two shells; the outer smooth, ash color, the inner thin and soft. Between the outer and inner shells there is an exceedingly caustic inflammable oil. This oil has long been used as an external application to ring-worm, cancerous sores, corns, etc., but should be used with caution.—From *Loudon's Encyclopedia of Plants*. A. W. S.]



**PUBLIC HEALTH.**

By W. R. CLUNESS, M. A., M. D., Sacramento, Cal.

**Mortality.**—The deaths registered in 67 town districts of the State during the past month, in a population of 707,700 corresponds to an annual rate of 14.98, the total mortality having been 884. 162 deaths were due to zymotic diseases, giving an annual rate of 2.73 a thousand. Of these 43 were due to typhoid fever, 4 to typho-malarial fever, 17 to remittent fever, 34 to diphtheria, 14 to diarrhea and dysentery, 30 to cholera infantum, 7 to cerebro-spinal fever, 6 to whooping cough, 4 to scarlet fever and 2 to small-pox. 173 deaths were attributed to diseases of the respiratory organs, giving an annual rate of 2.93 a thousand. Of these 117 were due to consumption, 37 to pneumonia, 5 to congestion of the lungs and 14 to acute bronchitis. The average annual death rate from all causes, occurring in the ten largest cities and towns in the State, and representing a population of 542,000, was 14.77. The highest death rate for the month occurring in cities having a population of 10,000 or more inhabitants, was reported from San Francisco, it having been 16.82; the lowest was reported from San Diego, the rate having been but 8 a thousand. A comparison of the above summary, considered separately or taken in conjunction with the mortuary report of the previous month, indicates the remarkable healthfulness of the State for the two past months, as compared with the same months of preceding years in which a record has been kept. It also illustrates forcibly the healthfulness of our State as compared with any other in the Union. There is no epidemic prevailing, nor is there in any section an unusual or excessive prevalence of any form of disease. Small-pox still lingers in San Francisco in a mild form and to a very limited extent. One case each was imported thence into Sacramento, Stockton, Livermore and Elk Grove. As this disease manifests a tendency to spread during cool and damp weather, medical men should impress upon their patrons and the general public the necessity of vaccinating and re-vaccinating all persons who have not had this operation performed for the past four or five years.

**Yellow Fever.**—Yellow fever, which it was believed might obtain entrance into our State because of the rapid interchange of railroad communication with Florida, and the similarity in many respects of the two climates, has fortunately not approached us any nearer than the State in which it originated, nor are there longer any probabilities that it will, at least during this season. Nevertheless, the State Board of Health, with the concurrence of the Governor, has placed an expert upon the frontier to watch its progress and to adopt whatever means may be deemed necessary to prevent it from gaining admission.

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**METEOROLOGY.**

By J. W. ROBERTSON, B. A., M. D., Assistant Physician to the State Asylum for Insane, Napa, Cal.

**Temperature.**—As is usual during the month of September, extremely warm weather characterized the valley belt. Red Bluff in the north registered over 106° while 111° was noted at Fresno. The highest mean was 81°, with an average minimum or night temperature of 66°. In Southern California and in the modified coast belt, the heat was very moderate, the mean temperature ranging from 68° at Los Angeles to 62° at Oakland. Along the coast the temperature was still more bracing, averaging 59° at San Francisco and 56° at Eureka.

**Rainfall.**—From the 11th to the 15th there were local showers in nearly all portions of the State, the heaviest rainfall being noted in the Sacramento Valley and that portion of Central California adjacent to the bay of San Francisco.



California—Tabular Statement for September, 1888.

STATIONS.	TEMPERATURE.						RAINFALL.		WEATHER.			WIND.	FURNISHED BY—
	Mean.....	Highest.....	Lowest.....	Mean High- est.....	Mean Low- est.....	Mean Daily Range.....	Total Rain- fall.....	No. of Days Rain Fell....	No. of Cloudy Days.....	No. of Fair Days.....	No. of Clear Days.....		
Auburn.....Cal.	76.9	103.0	54.0	.....	.....	.....	?	.....	.....	.....	.....	?	Southern Pacific Co.
Colfax....."	73.7	102.0	55.0	.....	.....	.....	0.25	.....	.....	.....	.....	N.	"
Eureka....."	56.5	73.0	46.5	63.8	50.9	12.9	0.06	3	9	7	14	N.	Signal Service U.S.A.
Fresno....."	80.3	110.9	54.5	97.6	63.8	33.8	0.06	1	1	6	23	NW.	"
Keeler....."	78.2	96.1	58.7	89.9	66.7	23.2	0.06	2	2	10	18	SE. & S.	"
Los Angeles....	68.4	98.2	55.0	86.6	61.0	25.6	0.03	0	2	7	21	W.	"
Monterey....."	62.5	74.0	54.0	.....	.....	.....	0.65	.....	.....	.....	.....	SE.	Southern Pacific Co.
Napa....."	65.1	90.0	49.0	75.6	54.5	21.1	1.08	2	6	4	20	S.	Sta. Napa Ins. Asylum
Oakland....."	62.5	74.0	54.0	.....	.....	12.3	0.92	3	5	7	18	W.	J. B. Trembley, M.D.
Paso Robles....	71.0	104.0	50.0	.....	.....	.....	0.01	.....	.....	.....	.....	W.	Southern Pacific Co.
Red Bluff....."	81.2	106.5	55.2	93.7	66.7	27.0	0.33	2	1	5	24	N.	Signal Service U.S.A.
Sacramento...."	73.7	106.0	50.5	91.4	59.5	31.9	0.55	2	3	3	24	S.	"
San Diego....."	68.2	82.0	58.4	74.8	64.6	10.2	0.04	1	11	3	16	NW.	"
San Francisco..	59.0	87.7	50.1	70.5	54.8	15.7	0.98	2	4	16	10	W.	"
Santa Barbara..	67.9	88.5	53.0	77.2	58.2	19.0	0.03	2	1	1	28	E. & W.	Hugh D. Vail.
Santa Cruz...."	65.8	82.0	56.0	.....	.....	.....	0.37	.....	.....	.....	.....	S.	Southern Pacific Co.
Yuma.....A. T.	81.2	110.6	66.6	104.2	74.2	.....	0.01	1	0	6	24	NE.	Signal Service U.S.A.

Blank (.....) indicates data missing.

CLEAR DAY—One on which cloudiness is 3 or less on a scale of 10. FAIR DAY—One on which cloudiness is from 3 to 7.

CLOUDY DAY—One on which cloudiness is over 7.



## REVIEWS AND NOTICES.

DISEASES OF THE TUBES, LIGAMENTS, PELVIC PERITONEUM AND PELVIC CELLULAR TISSUES; EXTRA-UTERINE PREGNANCY. By L. Bandl, M. D., Professor of Obstetrics and Gynecology, at the University of Prague; and DISEASES OF THE EXTERNAL, FEMALE GENITAL ORGANS; LACERATIONS OF THE PERINEUM. By P. Zweifel, M. D., Professor of Obstetrics and Gynecology at the University of Erlangen. edited by Egbert H. Grandin, M. D., Obstetric Surgeon to the New York Maternity Hospital, etc. Cyclopedia of Obstetrics and Gynecology. New York: William Wood & Co.,

The tubes have recently been the theatre of so many brilliant surgical exploits and controversies that they are invested with new interest as well as new importance. Extra-uterine pregnancy has been in the hottest of the fray, which, let us hope, will leave the field with the rightful claimant. The remarkable results of electrical treatment of this condition compel us to dissent from the opinion of the author, that "for these cases the best and most rational operation is laparotomy and treatment of the sac, according to the rules of ovariectomy and myomectomy. The value of electricity is rather enhanced than depreciated by the assertion made elsewhere that diagnosis is impossible before rupture. For if so, electricity, on account of its comparative harmlessness, is preferable both to exploratory incision and to laparotomy. If the tubes assert a new importance in gynecic pathology, the pelvic cellular tissue has suffered a complementary decadence; and as we gaze into the gynecological kaleidoscope we grow dizzy and wonder if it will ever reach a condition of complete equilibration. This volume completes the Cyclopedia of Obstetrics and Gynecology, which we close with regret, hoping that the medical public will derive as much pleasure and profit from its pages as we have done.

THE DISORDERS OF MENSTRUATION. By Edward Jenks, M. D., Professor of Gynecology in the Michigan College of Medicine, Etc.—Physician's Leisure Library. Detroit: Geo. S. Davis. Paper 25 cents; cloth 50.

The author of this booklet is unquestionably a physician of experience and ability. He strikes a responsive chord in many a professional breast when, in speaking of endometrial fungosities. He says: "The physician should never promise that a single curetting of the uterine cavity, no matter how thoroughly done, will result in cure." Further on he says that he "does not agree with some of his contemporaries who charge intellectual work with being the cause of most of the disorders of the generative organs, of young women in particular." If the physical break-down of modern women be due to intellectual overwork, heaven help the race. With the author let us look for other causes and we shall find them. The book is practical throughout and, although small, might have been made considerably smaller if the author had but had the time. "Nor is it to be considered of small consequence," said Milton, "what language, pure or corrupt, a people has, or what is their customary degree of propriety in speaking it." After reading, in regard to the congested ovary: "If it can be grasped between the ends of the examining fingers, the pain produced by this pressure will be observed by the expression on the patient's face, and by other signs, to be that she is suffering exquisite;" one feels with Milton, that it were well to fortify the habit of speaking and writing received from a good age of the nation with a kind of wall, the daring to overleap which will let a law only short of that of Romulus be used to prevent.



**STERILITY: DEVELOPMENTAL ANOMALIES OF THE UTERUS.** By P. Müller, M. D., Professor of Obstetrics and Gynecology at the University of Berne, and **THE MENOPAUSE.** By E. Börner, M. D. Professor of Obstetrics and Gynecology at the University of Graz.—Cyclopedia of Obstetrics and Gynecology. New York: Wm. Wood & Co.

A critical exposition of the contents of this volume would form a book of itself. The student, however, will look in vain for that "creative memory" which is ascribed to the teutonic mind by a distinguished laparotomist whose knowledge of German has survived no less than twenty years of complacent desuetude, and by so much outlived its usefulness. Common sense and profound knowledge have here the same dominance as in the best English medical literature. It is praise enough to say that this volume is up to the standard of its companions in the series.

**EARTH AS A TOPICAL APPLICATION IN SURGERY.** By Addinel Hewson, M. D. [Second Edition]. 8 vo., pp, 309. Illustrated. Philadelphia: The Medical Register Co.

The method of treating wounds with dry earth, preferably clay, as set forth in this volume, is not of recent origin. During the past three centuries this plan has been adopted by one and another operator, and as frequently abandoned. About one-half of Dr. Hewson's work is devoted to a report of cases comprising a large variety. A hasty perusal of these reports impresses us with the fact that the results are by no means flattering, when compared with similar cases, treated according to the rules of modern antiseptic surgery. Here and there is noted a death from pyemia. In a large number, suppuration in what seemingly ought to have been healthy wounds is openly confessed. The period of treatment to which many patients were subjected seems unnecessarily long. In a word, there appears to be nothing in the author's argument or his records that commends the method in the advocacy of which he has spent much time and conscientious effort. The ends attained by the use of simpler, safer, more cleanly and sensible materials are too highly appreciated by the profession to admit of further experimentation in this direction.

**ABDOMINAL SURGERY.** By Hal. C. Wyman, M. S., M. D., Professor of Surgery and Operative Surgery, Michigan College of Medicine and Surgery, Surgeon Detroit Emergency Hospital, etc. Physician's Leisure Library series. Detroit: George S. Davis. Paper 25 cents; cloth 50.

The intention of the author of this little handbook, to outline briefly the various conditions leading up to laparotomy and to describe the several steps essential to success therein, has been faithfully carried out. While the practised and skillful laparotomist will find in the volume little that partakes of originality, he will certainly find much to commend. On the other hand, for the inexperienced a work containing a review of the opinions and methods of most of the authorities eminent in this department of surgery, must prove invaluable. Of especial interest are the author's experimental researches upon dogs and other animals, as showing the nature of lesions produced by direct violence externally, and by penetrating wounds. The illustrations representing the different varieties of intestinal sutures are clear and comprehensible. The work is worthy of high commendation.

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#### BOOKS AND PAMPHLETS RECEIVED.

A Eulogy upon Cornelius Rea Agnew, read before the New York Academy of Medicine. By T. Gaillard Thomas, M. D.



- The Modern Treatment of Diseases of the Liver. By Prof. Dujardin-Beaumetz, Member of the Academy of Medicine and of the Council of Hygiene and Salubrity of the Seine. Translated from the Fifth French edition by S. P. Hurd, M. D. Physician's Leisure Library. Detroit: Geo. S. Davis. Paper, 25 cents; cloth, 50 cents.
- Six cas de Périnéorrhaphie opérés par le procédé de Lawson Tait. Par le Docteur F. Fraipont, Assistant à l'Université de Liege.
- Register of the University of California, 1887-88, Berkeley. Published by the Regents of the University.
- A Text Book of Human Physiology. By Austin Flint, M. D., L. L. D., Prof. of Physiology and Physiological Anatomy in Bellevue Hospital Medical College, New York, Visiting Physician to Bellevue Hospital, etc. With three hundred and sixteen figures in the text and two plates. Fourth edition; entirely rewritten. Cloth, \$6; sheep, \$7. New York: D. Appleton & Co.
- The Theory and Practice of the Ophthalmoscope. A Handbook for Students. By John Herbert Claiborne, Jr., M. D., Instructor in Ophthalmology in the New York Polyclinic, Clinical Assistant in the Vanderbilt Clinic, (Department of Ophthalmology) etc. Physician's Leisure Library. Detroit: George S. Davis. Paper, 25 cents; cloth, 50 cents.
- The Ear and Its Diseases. Being practical contributions to the study of Otology. By Samuel Sexton, M. D., Aural Surgeon to the New York Eye and Ear Infirmary, Fellow of the American Otological Society, etc. Edited by Christopher J. Colles, M. D., Assistant Aural Surgeon New York Eye and Ear Infirmary. New York: Wm. Wood & Co.
- A Manual of the Minor Gynecological Operations and Appliances. By J. Halliday Croom, M. D., F. R. C. P. E., F. R. C. S. E. First American, from the second English edition. Revised and enlarged. Edited by Dr. L. S. McMurty. Philadelphia: Records, McMullin & Co. Cloth, \$1.50.
- Lesions of the Vagina and Pelvic Floor; with special reference to Uterine and Vaginal Prolapsus. With seventy-eight illustrations. By B. E. Hadra, M. D. Philadelphia: Records, McMullin & Co. Cloth, \$1.75.
- Practical Electro-Therapeutics. By Wm. F. Hutchinson, M. D. Philadelphia: Records, McMullin & Co. Cloth, \$1.50.
- What To Do In Cases of Poisoning. By Dr. William Murrell. Second American from the fifth English edition. Edited by Frank Woodbury, M. D., Professor of Therapeutics and Materia Medica in the Medico-Chirurgical College of Philadelphia. Philadelphia: Records, McMullin & Co. Price, \$1.00.
- A Handbook of Historical and Geographical Phthisiology; with special reference to the distribution of consumption in the United States. Compiled and arranged by George A. Evans, M. D., Member of the Medical Society of the County of Kings, New York, Member of the American Medical Association, etc. New York: D. Appleton & Co.
- Report of the Murdock Free Surgical Hospital for Women, for the year ending July 1, 1888. Boston: Rockwell & Churchill.
- The Domain of Climatology and Demography as Dependencies of Medicine. Opening address before the Section on Medical Climatology and Demography of the Ninth International Medical Congress. By the President of the Section, Albert L. Gihon, M. A., M. D., Medical Director, United States Navy.



**REPORTS AND ANALYSES AND NEW INVENTIONS.****The Double Cylinder Law Battery.**

The Law Telephone Company have recently made the following important improvements in their battery. The negative element is now in the form of a double cylinder (see adv., p. xviii) giving a larger surface and quantity and therefore enabling the battery to stand hard work. The elements are now secured beneath the cover by bolts instead of passing through it as heretofore. The jar has been lengthened one inch, increasing the surface and also the quantity of solution. For several months we have had in daily use a Law Battery of 60 cells. Since its first setting-up it has not required a moment's attention. We have found the current steady, reliable and of ample strength. The cell is neat, clean and efficient and its contents do not spill, evaporate, "creep," or give off deleterious and offensive gases.

**MEDICAL NEWS.****LICENTIATES OF THE BOARD OF EXAMINERS.**

At the regular meeting of the Board of Examiners, held Oct. 3, 1888, the following physicians were granted certificates to practise medicine and surgery in this State:

- Dan. Putnam Albee, Blocksburg; Coll. of Phys. and Surgs., N. Y. May 10, '88.  
Henry Arnott. Los Angeles; Univ. of Toronto, Canada, June 8, '70, and Coll. of Phys. and Surgs., Ontario. Canada, Apr. 20, '70.  
Chas. P. Bagg, Los Angeles; M. Coll. of the Univ. of Southern California, Apr. 11, '88.  
Will. C. Brumfield, San Diego; St. Louis M. Coll., Mo., Mar. 7, '77.  
Felix A. Callahan, Grafton; M. Dep. Univ. of Oregon, Apr. 2, '88.  
S. E. Capper, Santa Paula; Louisville M. Coll., Louisville, Ky., Feb. 25, '80.  
Edw. F. Cunningham, Camptonville; Beaumont Hos. M. Coll., Mo., Mar. 15, '88.  
Bernard Daly, Lakeview, Oregon; M. Dep. Univ. of Louisville, Ky., Mar. 1, '87.  
John R. Dorroh, Sheep Ranch; Miami M. Coll., Ohio, Mar. 5, '84.  
Thos. A. Fairbairn, San Diego; Bellevue Hos. M. Coll., N. Y., Mar. 1, '67.  
Sarah Van Tuyl B. Fleming, Coronado; Coll. of Med. and Surg. of Syracuse Univ., N. Y., Feb. 23, '73.  
John Michael Fuchs, San Francisco; Philadelphia Coll. of M. Phil., Penn., July 7, '55.  
Dennis S. Green, Pasadena; Jefferson M. Coll., Penn., Apr. 2, '85.  
Fortunato Hernandez, San Francisco; M. School of the city of Mexico, Aug. 3, '86.  
Hester Ann Herrlings, Los Angeles; Woman's M. Coll. of Pennsylvania, Mar. 15, '83.  
Walter B. Hill, San Jose; Jefferson M. Coll. of Philadelphia, Penn., Mar. 10, '84.  
Antoinette Wright Hinton, San Francisco; Women's M. Coll. of New York Infirmary, N. Y., May 29, '85.  
Siegmond Knopf, Los Angeles; Bellevue Hos. M. Coll., N. Y., Mar. 12, '88.  
Martin Kroloszyner, San Francisco; Univ. of Leipzig, Germany, Aug. 12, '87.



- John M. Maclean, Riverside; M. Dep. Univ. City of New York, Mar 11, '84, and King and Queen's Coll. Phys., Ireland, July 14, '85.  
 George D. Marvin, San Jose; Detroit Coll. of Medicine, Mich., Mar. 23, '86.  
 Chas. Larkin McCracken, Oakland; Univ. of Toronto, Canada, June 8, '81.  
 Samuel B. Miller, Modesto; Rush M. Coll., Ill., Feb. 26, '78.  
 Charles P. Murray, Lamanda Park; Coll. of Phys. and Surgs., N. Y., Feb. 28, '79.  
 Johannes P. Nannings, Livermore; M. Dep. Univ. of Leiden, Holland, June 23, '88.  
 William J. Perry, Perris; Kentucky School of M., Ky., June 30, '85.  
 Henry C. Rankin, Monrovia; Bellevue Hos. M. Coll., N. Y., Mar. 14, '87, and Ohio M. Coll., Ohio, Mar. 10, '86.  
 John B. Stone, San Diego; M. Coll. of Ohio, Feb. 28, '77.  
 Charles Toole, Valley Springs; Coll. of Phys. and Surgs. of Baltimore, Md., Mar. 25, '86.  
 Richard G. Tyner, Forest City; Royal Coll. of Surgs., Ireland, Apr. 28, '77, and King and Queen's Coll. of Phys., Ireland, July 11, '77.

Twelve incompleated applications were laid over and the Secretary was instructed to notify the applicants to complete the same without delay, or show sufficient cause for further continuance. A communication was received from G. Beaumont, of San Diego, stating that the unprofessional advertisements complained of had been withdrawn. Communications were received from Los Angeles, Modesto, Sacramento and Woodland on the subject of prosecutions. Edward Davison, of Woodland, was arrested for practising without a license. His case will be ably and earnestly prosecuted by the indefatigable District Attorney, F. S. Sprague, to whose intelligence and industry was due the successful prosecution of A. O'Leary last year.

It will be remembered that the Supreme Court rendered its first decision in that case in favor of defendant; but upon petition by Mr. Sprague, sanctioned by the Attorney-General, the case was re-opened, and finally decided in favor of the people. The Secretary presented the decision of the Supreme Court in the case of the People vs. P. Roscoe McNulty, who was convicted in the Police Court, and again in the Superior Court, and carried on habeas corpus to the Supreme Court. By an ingenious method of reasoning the Court arrived at the conclusion that the law provides a penalty only for those who practise medicine without *first* having procured a certificate from one of the Boards of Examiners. They failed to find any law to convict one of practising without a certificate after the same has been revoked. It will be remembered that McNulty's certificate was revoked on the charge of unprofessional conduct. This decision was concurred in by four members of the Court, of whom Justice Sharpstein was the feed attorney of illegal practitioners before he was exalted to the position of Supreme Justice, chiefly through the influence of the Kearney element of society. Chief Justice Searles dissented. Justice Temple was absent from illness, and Justice McKinstry, on the eve of his resignation declined to participate.

This decision demonstrates the necessity of the Boards exercising greater care in granting certificates where there is any question of professional conduct. It also demonstrates the necessity of passing the new bill recently adopted by our State Society. We again call upon the profession throughout the State to aid the Board in its efforts to enforce the law. Look after your would-be representatives, and the officers in the coming election. Make it a professional matter, rather than a political one. Let us support those who support us. The profession is more than two thousand strong in this State, and may hold the balance of power.



Chas. E. Blake offered his resignation as President of the Board which was accepted, and Chas. H. Steele was elected to fill the vacancy.

R. H. Plummer then called up his resignation as Secretary presented at the September meeting, which was read and accepted, and Chas. E. Blake was elected to fill the vacancy, with office at 431 Geary Street.

R. H. PLUMMER, Secretary.

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Official List of Changes in the Stations and Duties of Officers serving in the Medical Department of the U. S. Army (Division of the Pacific), from Sept. 16th to Oct. 16th, 1888.

By direction of the President the Army Retiring Board at San Francisco, Cal., convened by War Department Order, dated July 20, 1886, published in S. O. No. 168, July 22, 1886, from headquarters of the army, is dissolved. Par. 1, S. O. 217, A. G. O., September 18, 1888.

Captain Robert J. Gibson, Assistant Surgeon, is relieved from duty at Alcatraz Island, Cal., and will report in person to the president of the Army Medical Examining Board, New York City, on Oct. 16, 1888, for examination for promotion. On completion of his examination, Captain Gibson will proceed to Fort Trumbull, Conn., and report for duty to the commanding officer of that post. Par. 13, S. O. 217, A. G. O., September 18, 1888.

1st Lieutenant Edward R. Morris, Assistant Surgeon, is relieved from duty at Fort Thomas, Arizona, and will report in person to the commanding officer Fort Shaw, Montana, for duty at that post. Par. 14, S. O. 217, A. G. O., September 18, 1888.

Colonel Elisha I. Bailey, Surgeon, Medical Director of the Department, will proceed to Angel Island and the Presidio of San Francisco, Cal., to examine the sick in the hospitals at those posts who have arrived from the Battalion of the 1st Infantry lately encamped at Santa Barbara, Cal. S. O. 93, Depart. of Cal., September 19, 1888.

Captain John J. Cochran, Assistant Surgeon, will proceed at once to Paso de Robles, Cal., and carry out the instructions he has received from the Department Commander; on the completion of which he will return to these Headquarters. S. O. 24, Depart. of Cal., September, 21, 1888.

Assistant Surgeon M. M. Walker, U. S. Army, will proceed to Alcatraz Island, Cal., and report to the commanding officer for temporary duty as post surgeon, relieving Captain Robert J. Gibson, Assistant Surgeon. S. O. 66, Depart. of Cal., September 26, 1888.

Captain William H. Corbusier, Assistant Surgeon, on being relieved by Captain Taylor, will report in person to the commanding officer Fort Hays, Kansas, for duty at that post. Par. 10, S. O. 227, A. G. O., Washington, September 29, 1888.

The leave of absence granted Captain John M. Banister, Assistant Surgeon, in S. O. 210, Sept. 10, 1888, from this office, is extended one month. S. O. 232, A. G. O., October 5, 1888.

Official List of Changes in the Medical Corps. U. S. Navy (Pacific Station), from Sept. 20th to Oct. 20th, 1888.

Medical Director A. L. Gihon, detached from Naval Hospital, Mare Island, Cal., October 15, 1888.

Medical Director Adrian Hudson, reported for duty in charge of Naval Hospital, Mare Island, Cal., October 15, 1888.



## ITEMS.

**Reed & Carnrick's Soluble Food.**—The *Boston Medical and Surgical Journal* recently published some extracts from the report of the New Jersey Dairy Commissioner, Dr. Newton, being analyses of Reed & Carnrick's preparations, in which they are rather severely handled. It appears that these figures were not reliable and the *Journal* has published a circular from Dr. Newton which corrects the misapprehension. We append the principal points of the circular.

An analysis by Prof. Elwyn Waller, Professor of Analytical Chemistry at the School of Mines, Columbia College, N. Y.

I examined a sample of 'Carnrick's Soluble Food, (purchased by myself from Eimer & Amend). I find that 38.26 per cent. of the albuminoids which it contains are in the soluble form. The sample also gave readily, the biuret reaction for peptones. I failed to detect in the food, when moistened, any of the hard, unchanged particles of casein which it has been asserted that it contains. My results lead to the conclusion that the casein in the preparation has been partially rendered soluble by the action of the digestive ferment as claimed by the manufacturers.

(Signed) ELWYN WALLER, PH.D.

Letter to Dr. W. K. Newton, State Dairy Commissioner of New Jersey :

NEW YORK, September 18, 1888.

*Dear Sir*—The report of your department for the year 1887, refers to certain preparations made by Reed & Carnrick, of New York, in a way which, from my knowledge of their work, seems to do them injustice. The statements to which I especially refer, are: (1) That the milk solids in the preparation known as Carnrick's Soluble Food contains merely the dried casein of the original milk, neither changed nor modified by any process of digestion. (2) That the analysis of this food given in the Report of the State Board of Health of New Jersey for the year 1885 correctly represents it, giving as it does only 10.25 per cent. of total albuminoids. (3) In the analysis of the preparation known as Liquid Peptonoids (New Jersey State Dairy Report, 1887) the proportions of alcohol and albuminoids there given are made the basis of comments which are extravagant in language, and unnecessarily severe. On February 20, 1888, I made, at the request of Reed & Carnrick, a test of the peptonized milk received in good condition from their factory. Of the albuminoids of the original milk 46.6 per cent. were found to be rendered soluble (that is, no longer precipitable by boiling or by acids). Through the process of digestion such soluble nitrogenous matters must, under the circumstances, consist of peptones, albumoses and caseoses, products of the modification of the original albuminoids of the milk by digestion. Having made many analyses of this food during the past three years, I have never found the proportion of albuminoids to run below 16.5 per cent. as determined by combustion with soda lime. The average of fifteen analyses, made since January 1, 1887, shows 18.96 per cent. of albuminoids. These results also agree well with the analyses of the same food made by Stutzer and other well-known chemists. As to the liquid peptonoids, the proportion of albuminoids is limited only by the quantity which can be kept unchanged in solution. 16 per cent. of alcohol is necessary to prevent decomposition of the albuminoids, and no quantity greater than three per cent. of these can be held in solution in this liquid. Many attempts have been made to accomplish a better result, but in all cases the excess of albuminoids was deposited after a time, or (with reduced proportion of alcohol) decomposition of the albuminoids occurred.

Very respectfully,

A. A. BRENNEMAN,  
*Analytical and Consulting Chemist.*